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and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshold be detacked for use as the burial-transit permit. Then please remove corbon popels. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR STATE

STAT DEPARTMENT OF H CERTIE

E OF MARYLAND EALTH AND MENTAL HYGIENE	8		2	2	4	3	1
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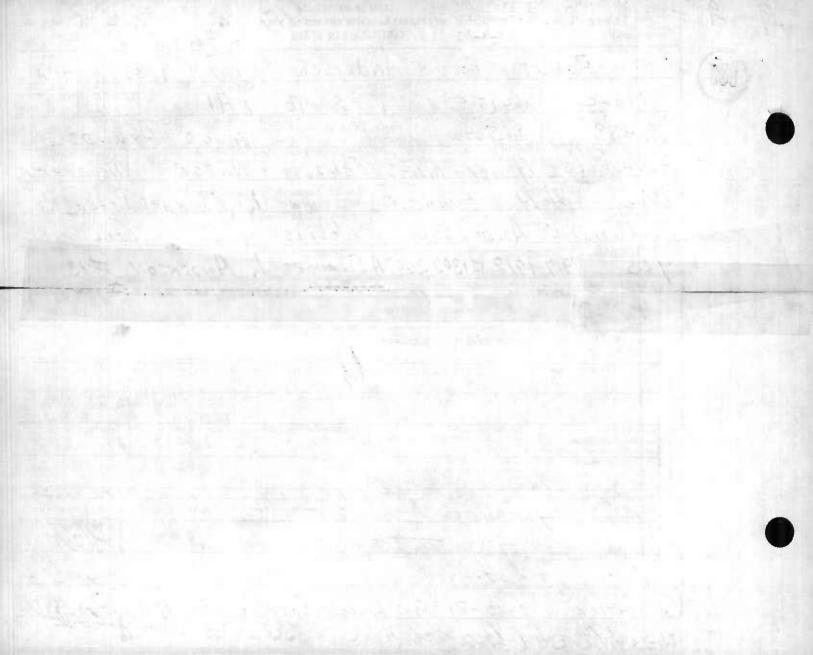
	REGISTRAR		CERTIFICATE OF D	LATH	REG. NO	Э.		EDT
	CEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH		Y YEAR	26 HOUR
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3. SEX	K Fi	Blk	5 DATE OF BIRTH	°T2	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
7a BIF	RTHPLACE (STATE OR FOREIGN 7)	U.S.A	MARRIED NEVER M	ARRIED ORCED	9 BALTIMORE CITY O		F DEATH	
G	LEN BURNIE	PACKET TELEVIE	NDEL HOSPITAL	NOITUT	12a USUAL OCCUPATION OF WORK FOR MOST O		126. KIND O INDUSTRY	F 8USINESS O
13a S	Md	THER INSTITUTION GIVE RESIDENCE BEFOR 130. CITY OR TOW Balto	/N 136. INSIDE CIT YES		3121 Mone	dawmin	Ave	
	John R		Rosi	IRST B	WIDDLE		Faunt	leroy
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ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COMISEOUR (c) ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERM	Jupane Dupane NAL DISEASE OR CONE 1200 AUTOPSY?	DITION GIVEN	IN PART 10	
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	22a. I certify that (I) (this haspital saw the deceased alive an	il) attended the deceased from		, 19 our) apinion d	, ta	, 19		that (1) (we) la
	22b. SIGNATURE	Presition.	DEGREE AT PI	TENDING -	MEDICAL STAF		22c. DATE	SIGNED
	226 PHYSICAN NAME (TYPE ORP	ITERO, M.D.	22e ADDRESS	325 HO GLEN B	DIRECTOR PHYSIC SPITAL DRIV URNIE, MARY	E, SUI	22c. DATE 9/ TE 108 21061	9/8/
23a Bt	226 PHYSICAN PNAME (1996 ORP 10 M. PRESRI	TERO, M.D. 23b. DATE 23c N	m & AT	325 HO GLEN B REMATORY	SPITAL DRIV	IAND	9/ TE 108 21061	9/8/ Mar

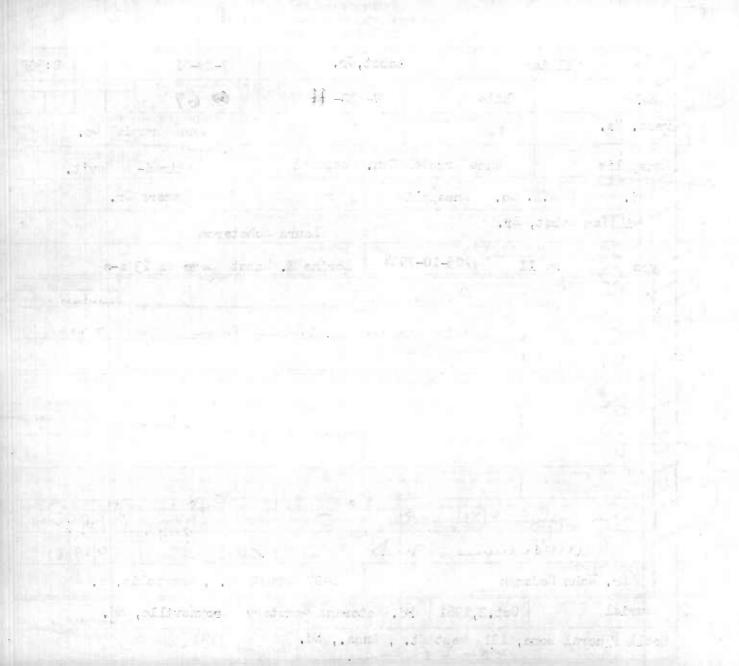
DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

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9-9		em #18a Film G56 FOR Items 18a.	l 11/10/81 rc Film#G562 DEPARTN 12-4-81 AL	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	22432
ay be	(THE	CEASED NAME ROBER	+ Powers	Anderson	REG. NO. 20 DATE OF DEATH	O. MONTH DAY YEAR 26. HOUR 9-81 4554
Page 4 mi	3. Se	IRTHPLACE ISTATE OR FOREIGN TO	WHITE	S. DATE OF BIRTH MONTH 2 GEAR 90	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
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ecuted w	3	DMUND C.	HNDERSON	15. MOTHER'S MAIDEN NA PRIST NELL I E	EMIDOLE	COLLINS
ate be excision and control of the multiple of		NAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN] (15 YES, GIVE W.	AR OR DATES)	607A ELEANORE	L. ANDE	RSON #13
equires that the death or igned by the attending in please remove carbon burial, cremation, or reinjury, or other trauman		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c) NOITIONS CONTRIBUTING TO D		AINAL DISEASE OR CON	DITION GIVEN IN PART I (a)
been strict to vs any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
HYSICIAN: The physician. is certificate has rial-transit perm fental Hygiene por Item 18 show		21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR		RY IN ITEM 18, PART I ORPART 2)
DING PHY ttending ph After this c s the burial. th and Men marked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOV	YN COUNTY STATE
ATTENION ATTE		22a f certify that (I) (this hospital saw the deceased alive on above, (I) (was) (did) (did not)	7/22 198	od that in (my) (ear) opinion	deoth occurred on the de	to ond haur and from the couses stated
L DIR ached ached be Dept		22b. SIGNATURE	my Ste		MEDICAL STAI	IAN 7/1/0/
TO HOSPITA retained by the TO FUNERA should be det, with the State		22d PHYSICIAN'S NAME (TYPE OR	Steinren	220 ADDRESS 6146 SH	poyside,	ed SHANSE M
BP	6	EMATTAN	9-10-81 50	AME OF CEMETERY OF CREMATORY RT LINCOLN (NE)	23d LOCATION OF ORTOWN ORZALL	USED REM STD
DHMH-16 25M (VRA 15, 4) 1/79	3	Theray the down	Mujol	Md. SE	PT 4 1981	A BECIST AND A GOVERNMENT





1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B	2 2 4 3 4
	ECEASED NAME FIRST	MIDDLE	R.	20. DATE OF DEATH	-1 -1 - 215
1.5	ex Ma	1. RACE	Bacon 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	9/28/81/90
	Female	white	MONTH DAY YEAR OF STATE OF STA	85	MONTHS DATS HOURS MIN
70.	STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
10.	CITY OF TOWN OF DEATH	U.S.A.	WIDOWEDS DIVORCED DIVORCED DIVORCED	Hone t	N 126 KIND OF BUSINESS O
1	Annapolis	Anne Arunde		(TYPE OF WORK FOR MOST OF V	NORKING LIFE) INDUSTRY
13a	UAL RESIDENCE () NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	N 136 INSIDE CITY LIMITS?	136. STREET ADDRESS	nsail Drive
1	Bernard	MC LAST	When RASE	WIDDIE	LAST
160	WAS DECEASED EVER IN U.S. AR	wed forces? 166 Social Section and Section 20 26 22	-3104 Marie B	, Sheppard	Sameas
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CONDI	TION GIVEN IN PART 140
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	22a.1 certify that (I) (this hospi	ol) ottended the deceased from 198	DEGREE ATTENDING	n death occurred on the date	e and hour and from the causes stated 22c DATE SIGNED
1	27d PHYSICIAN'S NAME (TYPE C) R. T. HOC	huran, Wi	16 Murres	Aul Au	napoler hel 214
230	BURIAL, CREMATION, REMOVAL	236. DATE 236.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
24	FUNERAL DIRECTOR AVIOR FUNERAL AVI	1 Chapel An	na polis mi)	P'3 0"1981" 2	b. REGISTIAN SIGNATURE

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BP DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic event

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		CEASED NAME	FIRST	,	MIDDLE	i	AST	2a. DATE OF D		DAY YEAR	26 HOUR
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)	3. SE	Male		CAU		5. DATE C	DAY YEAR	6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS	
	70. 81	RTHPLACE (STATEORE	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED		ECITY OR COUNT	Y OF DEATH	
3		Virginia		U.S.	Α.	WIDOWE		Anne /	Arundel C	County	MD.
1	F	t. Meade,	Md.	Kimbrou	gh Army (ADDRESS)	nity Hospitai	12a USUAL OC (TYPE OF WORK FO Retire	CCUPATION OR MOST OF WORKING S DIC	LIFE) INDUSTRY	of Business or .lroad
5	Ma S	AL RESIDENCE (# NURS TATE ry and	ALLE	TY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Cumber 1	N .	13d. INSIDE CITY LIMITS?		oness ompson Av	enue 2	1502
1	I4 FA	Harry	~	Oscar	last Ba I	llard	Nancy		ane	Pĥ	illips
2	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	2 4-07-6		William A. Ba	allard ((Son) Oden	William: ton. Ma	sburg Ln.
	NO	Conditions, if any, gave rise to imm cause (a), storing underlying cause	which nediate ig the last.	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF Ardio	rdiac arrest. /ascular disea				
2	CERTIFICATION	19g. DATE OF OPERAT	NOIT	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERT	ES, WERE FINDIN	
9	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CCCURRENT OF CONTRIBUTING CCCURRENT OCCURRENT OC	CALEXAMINER)	P./ 21e PLACE (M. MONTH DA M. DEINJURY	19	21c. HOW INJURY OCCURR 21I. LOCATION		RE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	STATE
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		saw the decease abave, (1) (we) (c 22b. SIGNATURE	hu /	I the	hall		d that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	_ MEDICAL	STAFF PHYSICIAN	tur and from the	
		John E		obalds,	M. D.		Kimbrough Ar	my Comm	nunity Ho	sptiai,	Ft. Mead
	23a. B	URIAL, CREMATION,		23b. DATE	/_		EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE
	24 51	Cremati	lon	9/28/	81 Se	curi		Catons		Baltim	ore Md
1		ac Nabb Fu	ınera	1 Home	Cator	svil	le. Md.	CT 5 1	981 CAN		7 lather
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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		underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF		A TOTAL OF	
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E has be ene prie	5	198 DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPST?	IN CERTIFYING CAUSE	
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TO HOSPITAL Co., ATTEN retained by the hospital or a TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is	22	Edward S	S. Beck, M.	1616 Fores	t Drive	Annapolis	lim.
	230	11	S. Beck, M.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Annapolis	MI
TO HOSPITAL.		Edward S JURIAL, CREMATION, REMOVAL DUTY CALL THE STATE OF THE STAT	S. Beck, M.	Cedar Bluff	Annapol	Annapolis	with
		Edward S	S. Beck, M.	Cedar Bluff	1234 LOCATION ACITY OR TOWN A NDG DO TE REC'D. BY REGISTRAR EP 2 2 1981	Annapulis L'S DA 25b, REGISTRAR SIGNA	with

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oth. Page	(RTHPLACE (STATE OR FOREIGN :OUNTRY)	76. CITIZEN OF WHAT COUNTR	10 0	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
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n and co Poges 1		VAS DECEASED EVER IN U.S. AF		CURITY NO.	17. INFORMANT Matilda Brow	ADDRE Wn, 7734 Was	shington Bl	21227 vd, Lot 10 ROXUMATE INTERVAL EEN ONSET AND DEATH
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G PHYSICIAN: TI offending physici er this certificate is the build-transition and Mental Hygi in and Mental Hygi ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	HOUR A.M. MONTH	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUI		- 1
TAL OR ATTENDIN by the hospital or RAL DIRECTOR: Af- detoched for use of detoched for use of tote Dept. of Health NT: If Hem 21 is mon		sow the deceased alive of	ital) attended the deceased from	7/	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death accurred on the do	22c. DA	the couses stated
HOSPI ined b FUNE uld be h the S		JACK I. STEI	Real Property of the Control of the			HOSPITAL DE		61
BP		BURIAL, CREMATION ŘEMOVAL (SPECIFY) Burial	9/5/81 M	eadowr	idge Cemetery	Dorsey,	A.A.	Meryland
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR 1630	Le Funeral Home			TE REC'D. BY REGISTRAR	25h REGISTRA STATE	interference .

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AARY PLEASE A DIRECTOR. NJT HOUR STON STREET	3. SEX	1 RACE	5. DATE OF BIRTH MONTH DAY 11-16-	YEAR 6.	AGE (IN YEARS IF	UNDER 1 YR.	IF UNDER 2	24 HRS. 2c.			•	AY YEAR	2d HOUR
SE S	7a BIRTHPLACE FOREIGN COUNTR ALTOO	(STATE OR Y) na Pa.	76. CITIZEN OF W	HAT COUNTR	Y? 8. MA	RRIED X NE	VER MARRIE DIVORCE	D	SALTIMORE A. K.		OUNTYO		MD.
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21201 AND 3 AND 3 RETAIN HOULD	13a STATE Md		OR OTHER INSTITUTION, G ITY A.Co.	113c CITY OF		13d INSIDE (NOX		ADDRESS Sprin	rghill	2 Way	Gamb.	
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BALTIMORE, MD. 2120) URS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA T. PAGES 1 AND 2 SHOULD DIVISION OF VITAL RECO	IYES, NO. OR UNK	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WAR OR DATES)	207-22		Edna Edna	R.Br	own	994 S	oringh	rill (Way Go	umb.Md
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and the me		VAS DECEASED EVER (ES. NO OR UNKNOWN)		ED FORCES? VAR OR DATES	166 SOCIAL SEC		17 INFORMANT Richard B	ush 4	ADDRI 24 Blosson		e Court	21401
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STATE OF MARYLAND

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GLEN BURNIE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR EDT REG. NO L DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT GUSSIE EDITH SEPTEMBER 26, 1981 5:45 BUSSEY 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1916 Female White 65 Aug. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED

CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

126 KIND OF BUSINESS OR INDUSTRY WY Home

STATE

STATE

Sylvester Taylor Is mother's maiden name Jean'ette Griffith Last Jean'ette Griffith Last Jean'ette Griffith Last Jean'ette Griffith If was deceased ever in u.s. armed forces? (YES DOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-22-2076 John T. Bussey same as 13e	Md.	A . A .	Severn	13d. INSIDE CITY LIMITS?	138. STREET AC	Watts	A A	ve.	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 24.7		er Taylor	LAST			"i"th	45	LAST	
no 213-22-2076 John T. Bussey same as 13e	160 WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 213-22-2076	John T.	Bussey		as	13e	

NORTH ARUNDEL HOSPITAL

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	My scarped Ifunction	BETWEEN ONSET AND DEA
Conditions, if ony, which		Hean
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196 DATE OF OPERATION 196 CONDITION FOR WHIC OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH?

NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 224 DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN 22e. ADDRESS 325 Hospital Drive #208

Glen Burnie, Maryland 21061

Glen Haven Mem

HILARY T. O'HERLIH 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY)

24 FUNERAL DIRECTOR Funer al Home GTen Burnie Md. Kirkley

Burni

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DHMH - 16 50M 1/81 (VRA 15. 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR NAME J.C. MARCH F/	H 1101 E.	NORTH .			SEP	29 1981	CAT-CA	(V. "	Vathers

FUNERAL HOME, GLEN BURNTE, MD.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DEC	CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH			2b. HOUR	
		Harry	_		rame	Septemb		1981		M
	3. SEX	Male	White	5. DATE (H DAY - YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UN MONTH YRS.		HOURS /	MIN
3	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O			Ϋ́	MD.
0		TY OR TOWN OF DEATH Hanover	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ION 12	26. KIND OF	BUSINES	SOR
5	130 S Ma	aryland 136 COUN	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY A. 13¢ CITY OR TOWN Hanove	V .		13e. STREET ADDRESS 1492 Gr	een Va	lley	Circ	cle
0	14 FA	THER'S NAME FIRST Harry	Corame		Mattie	WIDDLE		astëi		1d
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	23a 8	BULLIAN SPECIFY)			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	cour	NTY A	STATE	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECT
Singleton Funeral Home Glen Burnie, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS MD.

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1	1	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	EDT.
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
eorth Control	(TYF	E OR PRINT) Harr	y Herbert	CROMWELL Jr.	SEPTEMBER 18,	1981 3:50A M
	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	July 3, 1904	77 _{YRS.}	MONTHS DAYS HOURS MIN.
90	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
10		Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	
54		GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / NORTH ARU)	ADDRESS]	120 USUAL OCCUPATION Ret (TYPE OF WORK FOR MOST OF WORKING LIF Chief Insp.	12b. KIND OF BUSINESS OR INDUSTRY A.A. CO.
35			ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130 CITY OR TOWN Linthic	100. INSIDE CITTERMITS:	13. SIREE LADDRESS Camp	Meade Rd.
20	14. F	ATHER'S NAME Harry I	H. Cromwe	11 Sr. S. COL	MIDDLE	Benson
1			RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 219.38.	(112	fe) ADDRESS S	ame as # 13
			nly one couse per line far (a), (b), and ED BY. TE CAUSE (a)	ogenic Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	due to, or as a conseque	A Aortic Ane	urysm	3 hr
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		U	
'A salua	NOL	Occlusion	onditions contributing to D	Carotid orters	NINAL DISEASE OR CONDITION GIV	EN IN PART Ira
2	CERTIFICATION	19a DATE OF OPERATION	19 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
9		210. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINES	ATH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
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		22a I certify that (I) (this hasping the deceased alive an above (we) (did) (did no	ital) attended the deceased from	9-15- 1981 , and that in (my) (aur) apinian	death accurred an the date and hau	19 <u>8</u> , that (1) (we) last r and from the causes stated
		Cem L	emir M.D	DEGREE ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9-18-81
		22d PHYSICIAN'S AAME (LYPE OF REMZI M. DEN		22e ADDRESS 325 F	OSPITAL DRIVE, S BURNIE, MARYLAND	
IMPO	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY On Cemetery	23d LOCATION CITY OR TOWN Elkridge,	Howard, MD.
/B1	24 F	UNERAL DIRECT III		Ten Darine	E REC'D. BY REGISTRAR 25b. REGIST	RAPE SIGNATURA Warthen

2 7	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 5 3 CERTIFICATE OF DEATH
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n ond completely Poges I and 2 sh	160	ATHER'S NAME ENDETH LESSE CHANGE THAT IS MOTHER'S MAIDEN NAME ENDETH BOOK AND THE STATE OF THE
res that the death certificate be need by the ottending physicion please remove corban papers. Outled, cremoval.	7	IS CAUSE OF DEATH (Enter only one couse per INF) or (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Couse (b), stoffing the underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
IDING PHYSICIAN: The low requi or ottending physician. After this certificate has been signs as substitutional permit. The soft had mental Hygiene prior to be marked or Item 18 shows any injur	MEDICAL CERTIFICATION	198 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW 210 ACCIDENT WAS UNDERLYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210 PLACE OF INJURY WHILE NOTIFY MEDICAL EXAMINER 211 FOR THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212 I LOCATION STREET CITY ORTOWN COUNTY STATE 213 THORY COUNTY STATE 214 THORY COUNTY STATE 215 THORY COUNTY STATE CITY ORTOWN COUNTY STATE C
10 HOSPITAL OR ATTEN regard by the hospital TO HINERAL DIRECTOR. HOLIA be detached for un- th me State Dept of He IMPORTANT: If Item 21 is	70	sow the deceosed of live on 19 ond that in (my) (even opinion deoth occurred on the date and hour and from the couses stated obove. (1) (washed) (did not) view the body after deoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI
BP	1	UNERTH DIRECTOR STATE IX STATE STATE OF THE SEPARATE REGISTRAR TO PARTY OF THE SERVICE OF THE SE

Signatural States of State 27 Elia Haran Canada San 272 To BIME BUST OF YOUR WAY IN MY The transfer of the second of A straight of the state of the who the state of the second that the second the second

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💆

P. Hardel I reported from the Hospe them as Ann 285 LAD I P. B. Mary J. Ser Salamat P. Ser ACRES STATE OF THE CONTRACT OF THE STATE OF Control of the state of the sta

season that it is organized and all seasons of the seasons are seasons and the seasons are seasons and the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seasons are seasons as the seasons are seasons as the seasons are seas 213.4 Secretary of the second Company of the compan lead refer to a learn of the recommendation of the commentary electrical few air confidence and their E Production de la language de la la and the state of in the street is the street in the street tent and the little reach report impared objects with the control Companies I Institution DEFENDED FOR THE PROPERTY OF T and the first seed of the seed AND THE RESERVE OF THE PARTY OF

1 - STATE

REGISTRAR

Koppers Co. 215 Juniper Drive Kovacivich Same as # 13 Mary M. Delivuk APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED SEPT'81 3350 WILKENS AVE. BALTIMORE, MD. STATE Glen Burnie Glen Haven Mem. Pk DHMH - 16 50M 7/77 SINGLETON FUNERAL HOME, (VR A 15 (4)) GLEN BURNIE, MP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

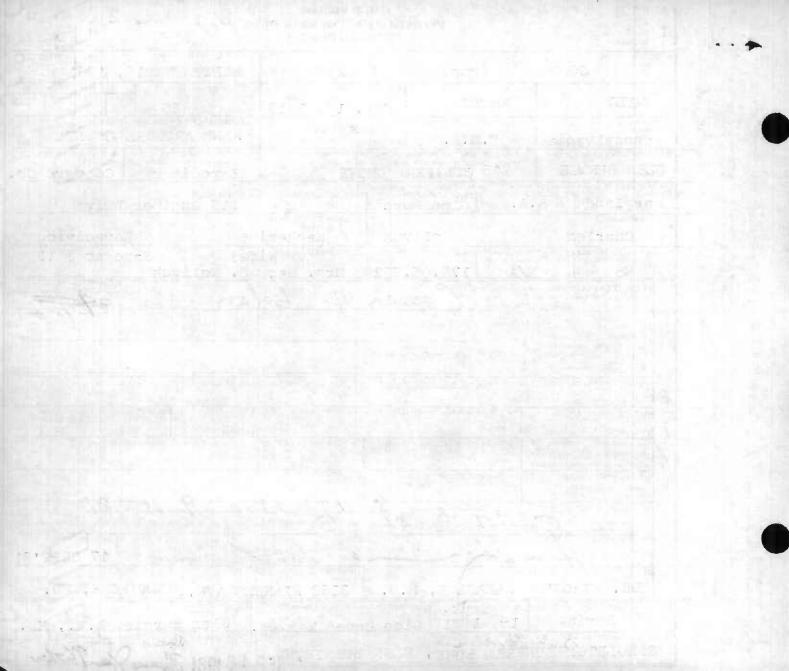
YEAR

IF UNDER 1 YEAR

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16.



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DHMH - 16 50M 1/81 (VRA 15, 4)

injury, or other troumatic event, th

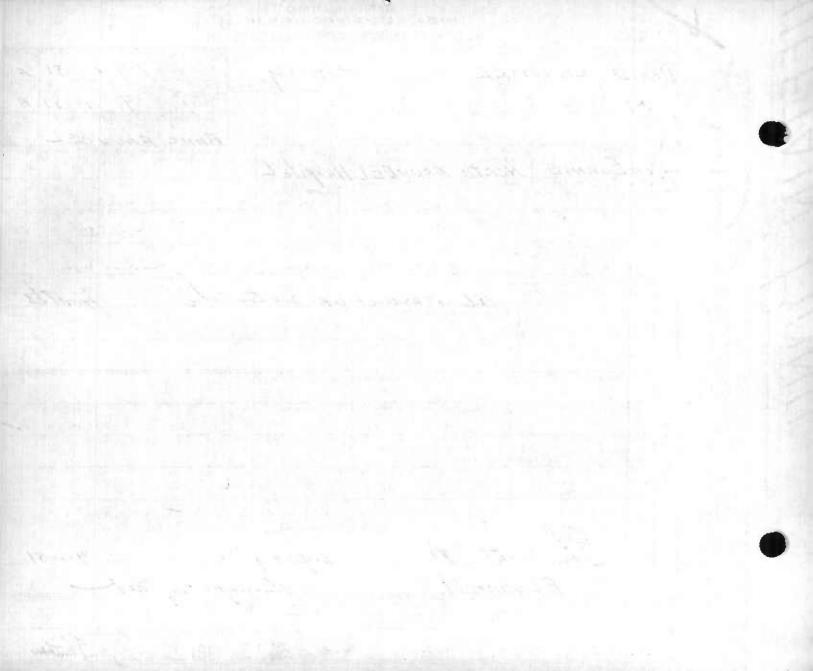
IMPORTANT: If Hem 21 is marked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8	100	6	2 2	2 4	4 5		
CERTIFICATE OF DEATH		REG. N	10.			E.D.	T.	
LAST	2a DATE O	FDEATH	MONTH	DAY	YE AR	2b HO	UR A	_

	100	REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO	D.		E.D.T.
		CEASED NAME FIRST	MIDDLE	ı	AST	2a DATE OF DEATH		YÉ AR	2b HOUR
	[146]	CHRIST	INA	DE	L NERO	SEPTEM	BER 15,1	981	11:15 A
١	3. SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
U		Female	Caucasian	Ma	r. 27,1906	75	YRS.	HS BAYS	HOURS MIN.
d		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
7	1	New York	USA	WIDOWE	DIVORCED [ANNE ARUN	DEL COU	INTY	MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		17a USUAL OCCUPATE TYPE OF WORK FOR MOST O	F WORKING LIFE! IN	VDUSTRY	F BUSINESS OR
		EN BURNIE	NORTH ARUNDEL H		AL	Secret	ary]	Reti:	red
5	13a S	Md. ISB COUR	NTY 13c CITY OR TOW	N	YES 🔀 NO 🗌		veland	Road	d
2	14 FA	Paul	Ceramello		Angelina	WIDDIE .	Car	elli	ito
-		VAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRE			
	1	YES, NO OR UNKNOWN) (IF YES, GIV	147-22-	2440	Dr. Paul De	el Nero, se	on, sar	ne a:	3 13
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b) on	d (c).)				APPROXI	MATE INTERVAL INSET AND DEATH
	8.8		TE CAUSE (0) CALALI	ai	arles				
1		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF					
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF					
	7	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OITION GIVEN IN	V PART 110	1
,	TIO	19a DATE OF OPERATION	Tin compilion consulta	ODEDATIO		T			
	CERTIFICATION	148 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES	OF DEATH?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
1	CAL	LIF EITHER NOTIFY MEDICAL EXAMINER	1111	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
		WHILE NOT WHILE AT WORK							
1		saw the deceased glive an	tal) attended the deceased from	0.0	d that in (my) (our) opinian d	eath assured on the da	. 19_		hat (I) (we) last
1		abave, (I) (we) (did) (did no	tt view the bady after death.		DEGREE	com occorred on the do		22c. DATE	
		m. 11	1/2		ATTENDING	MEDICAL STAF	F]	ZZL. DATE .	SIGNED
\exists	6	THE PHYSICIAN'S NAME JING	N PRINT)		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC			
		MARC KAPLAN,	M.D.		OAK!	WOOD PROFES	SIONAL 1	BUILD	ING
	23a B	SPECIEVE SPECIEVE	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Burial	19 Sept.81 F	lowe:	r Hill Cem.	North Be	ergen, l	Tew :	Tersey
		INERAL DIRECTOR	ADDOLES	N KS F		REC'D. BY REGISTRAR		SIGNATI	PS >
	Ja	ames S. Kirkl	ey, Glen Burn	ie, 1	1d. SEP	181981 2	ances	sen!	aithen

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	1	1	FOR		DEPARTMENT		MARYLAND H AND MENTAL H	AYGIENE	2 2	3.0	2.00	2
	15	1-	STATE REGISTRAR				CERTIFICATE C	PEDEATH	REG. NO.		9	
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	ACESE.	3. SE		5. DATE OF BIRTH		E (IN YEARS IF U	NDER TYR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY	YEAR	2d HOUR
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	SEE SEE	7a. 8	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	8. MARE	IED XNEVER MARR	IED 9 BALTIMORE	CITY OR COU	TY OF	DEATH	
	個55×3000			USA		WIDOV	VED DIVORC	ED ANNE		40		MD.
	A SHEET STATES	10. C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING CILITY, GIVE STREET AD		HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING	ON (TYPE OF WORK	12b. KI	IND OF BUS R INDUSTR	SINESS
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201	F ANY DELA SHOULD BE I	13a. S	AL RESIDENCE (IF IN NURSING HOLD) TATE 113b. COUN	TY	13c. CITY OR TO		13d. INSIDE CITY LUMITS	13e. STREET ADDRESS				
0.21	TARRES -		-		Baltin	ore	YES NO	123-IV. Caron	ina Ave	nue		
, we	THE R. P. LEWIS CO., LANSING, MICH. 49, 120, 120, 120, 120, 120, 120, 120, 120		ATHER'S NAME FIRST	MIDDLE	Demby LAST		15. MOTHER'S MAIDE	EN NAME MIDDLE	Fran	lel i m	LAST	
ORE	TO SAN PERSON	160 V	Tilmore Was deceased ever in U.S. ar <i>i</i>		166. SOCIAL SE	CLIDITY NO	17. INFORMANT		DDRESS	VTTII	L	
BALTIMORE	URS AFTER DE 8. GIVE PAGE WITH FORMULE PAGES AT DIVISION OF THE PAGES AT THE PAGES	{Y	ES, NO, OR UNKNOWN] (IF YES, GIVE	WAR OR DATES)								
Na.	RS AFT GIVE VITH F PAGE DIVISIO	=	NO. 18. CAUSE OF DEATH (Enter an	lu ann anns an tim	1214-26-		Delores I	Demby 23 N.	Carolin		PPROXIMATE	INITERMAL
ST.,	24 HOURS /	12	PART I DEATH WAS CAUSED	D BY:				the test		***	WEEN ONSEL	AND DEATH
Į.	ALONG TIERM ALONG TI PERM YGIENE OVAL.		1991 IMMEDIA	E C. IOOL (AS A CONSEQUE		ia, m	4-0 /		-12	MI C	20
PRESTON	THIN IL IN REACH		Canditians, if any, which	4.5								
8	OR TRANS		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUI	NCE OF						
201	UTED WITHII IN PENCIL II EXAMINER RIAL - TRANS D MENTAL H ON, OR REM		lying cause last. (c)									
DIVISION OF VITAL RECORDS,	EXECUTE A BUILDING		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.									
ECO	AS A	CERTIFICATION										
7.	SHOULD ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD PEI OR	ICA	190 DATE OF OPERATION	195 CONDIT	ION FOR WHICH	OPERATION V	/AS PERFORMED?			20. A	AUTOPSY?	
FIV	NA OR PRICE OF SECONDARY OF SEC	1	210 EXTERNAL CAUSE WAS	21b. TIME OF	INHIDY	111, 11	OW INTERPOSCUENCE	D LENTER NATURE OF INJURY IN			YES 🗌	NO
OZ	A THE STATE OF THE		UNDERLYING OR	HOUR A.M	MONTH DAY	YEAR	OW INJURY OCCURRE	D (ENTER MATORE OF INJURY IF	FILEM TO PART TOKP	ART 2}		
50	SHO SHO	MEDICAL	CONTRIBUTING CAUSE OF E		OF INJURY (AT H	19 DME, 211 LC	CATION					-
Div.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL,	W.	WHILE NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.]		STREET	CITY OR TOWN	C	OUNTY		STATE
	t: TH RW/ RW/ RW/ R PA S STA O, 21				other I. I. a. b. I.			n E. Inquiry E				
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	REPLIENT ARKYLL			T .	Accident [Suicide L	TITLE (SPECIFY)	Undetermined manner	L.J.			
	MACATE TO SERVICE OF THE SERVICE OF		ACTUAL SIGNATURE	reutit.	119	A.	Deput 4	MEDICAL EXAMINER	DATE SIGN		1-1-5	7/
	NER STATE			,	11		1	MEDICAL EXAMINER	Sigir	EU		
	A DE LE		EXAMINER'S NAME (TYPE OR PRINT)	INDAKO	11		ADDRESS_	wifolis	, my		-	
	PAT	23a.8	URIAL, CREMATION, REMOVAL 2				OR CREMATORY	236 LOCATION CITY OR TOWN	2 2 0	UNTY	Má	TE
0001	BP			9/4/81	Cedar	Hill C	_	Anne Arun	and the second			
0301	DHMH - 17	1	UNERAL DIRECTOR	ADDRESS			Zoa. DATE	REC'D. BY REGISTRAR 25	A. REGISTA	, O	W.	
	(VR A15 ME (5)) 15M 2/80		W.C. MARCH F/H 1	TUL E. NOI	RTH AVE.		1 56	2 1981 2	ances	any	RUM	~



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' '	REGISTRAR				CERTIF	ICATE C	F DEATH		REG.	NO.		E	D.T.	
		CEASED NAME	FIRST	A	NIDDLE	t.	AST	1.71	20. D	ATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	-
			ANNA	MA	RIE	DE I	ROSA			SEPT	EMBER	24,	1981	1:45	5 A
)	3. SE	female		4 RACE Whit	ce	Feb.		1895	6 AG	E (IN YEARS LAST		MONT	HS DAYS	IF UNDER 24 HOURS	HRS MIN,
K		RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?			ER MARRIED		TIMORE CITY					
1	10 CI	TY OR TOWN OF DE.		11. NAME OF H	OSPITAL, NURSING FACILITY, GIVE STREET A RUNDEL HO	DDRESS)	R OTHER	DIVORCED	120. U	NE ARU SUAL OCCUPA PEWORK FOR MOS OUSEW:	TION	1		F BUSINESS	MD.
6	Ma S	AL RESIDENCE (IF NUR. TATE TYLAND	13b COUN		SIVE RESIDENCE BEFORE 13c. CITY OR TOWN Glenbur	4	YES 🗌	DE CITY LIMITS	10	REET ADDRES.	edal	e 7	lveni	ue	
0		ohn		MIDDLE	Sorgle	er		gnes	NAME	¥IDDI€			LAS	?	
d		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	213-09-		17 INFO		A.	DeRosa	RESS S	ame	as	abov	re
		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSEI	ly ane cause per D BY: E C AUSE (o)	-		iala	~ Al) Nev	n		F	APPROXI BETWEEN C	MATE INTERVA	HIA
		4100 Conditions, if ony	, which	DUE TO, OR	A COMSEQUE	100	dear	dial	Mu	Não			12	Hen	
		gove rise to im- cause (a), statu underlying couse	ng the	DUE TO, OR	AS A CONSEQUE	NCE OF	an	Dista	ese				Hen	n	
	NOI	THE SIG	UP CO	anditions co	AMWZ ?	OLU	NOTALA	TED TO THE TE	RMINALD	ISEASE OR CO	NDITION G	IVEN I	PART 110	21	
1	CERTIFICATION	19a DAYE OF OPERA	TION	196 CONDI	TION FOR WHICH	SPERATION	WAS PE	RFORMED	20a YES	AUTOPSY?	IN CERT		RE FINDING CAUSES	IGS USED OF DEATH? NO [
1		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	111	A. MONTH DA	Y YEAR	21c. HOV	V INJURY OCC	URRED (E	NTER NATURE OF IN	IURY IN ITEM I	8 PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC }	211. LOC	ATION TREET	20	CITYOR	OWN		COUNTY	STAT	E
		220.1 certify, that (1)	ed alive on.	# 4/	Pull 190	1 , an	d that in (my) (our) opini	on death o	ccurred an the	date and h	., 19 5 aur and		that (I) (we)	,
		I Sepana	The	ach	4_	(DEGREE	ATTENDING PHYSICIAN		ICAL ST	AFF ICIAN 🗌		9- E	SIGNED L-f	,
1		PHYSICIAN'S VI		R PRINT)	MD		22e. ADD	RESS 32	5 HOS	PITAL D	RIVE				14

23E NAME OF CEMETERY OR CREMATORY

Baltimore Nat'l.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health

MPORTANT: If He

m 18 shaws any injury,

24 FUNERAL DIRECTOR
Raymond C. Fink

23b. DATE

9/29/81

230. BURIAL, CREMATION, REMOVAL (SPEC(FY) Burial

FOR

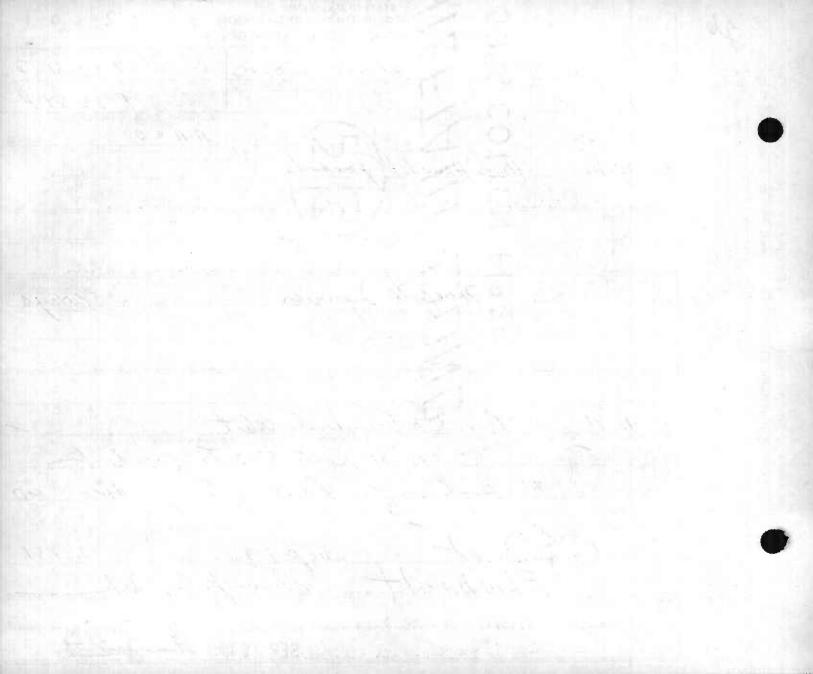
Glen Burnie, Md.

Baltimore, == Maryland BOREGISTRATION SECTIONAL REPORT OF THE

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16	1-	FOR STATE		AAF	DEPARTMENT C			HYGIENS		la la	4 0	
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SHOULD BE FILED, WITHING HOURS RECORDS, 201 W. PRESTON STREET,		CEASED NAME E OR PRINT)	1,000	11			LAST		OF ESTI-	MONTH	DAY YEAR	2b. HOUR
			will		JOCHIL		TRIJEV		EATH MATED	0 9	231981	Y M
-	3. SEX	.1	RACE	5. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONT	DER 1 YR. IF UNDE	R 24 HRS. 2t.	DATE	HTMOM	DAY YEA	P 2d. HOUR
		1	w	July	23,1909 72	YRS.			DEAD	7	23 19/1	M
0	FC	RTHPLACE (STA		76. CITIZEN OF W	HAT COUNTRY?	B. MARR	ED X NEVER MAR	RIED . 9. E	ALTIMORE CIT	OR COUN	TY OF DEATH	
J.		shland		USA		WIDOV			A. A. C	0		MD.
2	10. C	TY OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	12a. USUAL	OCCUPATION (OF WORKING LIFE)	TYPE OF WORK	12b KIND OF E OR INDUS	BUSINESS
2	14	100/en	15	Hone	HRUNdel.	KN.	exel		tary		USNav	
100	USU/ 130. S	L RESIDENCE (I	IN NURSING HOME	OR OTHER INSTITUTION, O	13c. CITY OR TOWN	ISSION)	13d. INSIDE CITY LIMITS?					
)		Md.	A.A		'Church		YES NO		27 Blair	ne Rd.		
	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		1167	
		Wiliam		MIDDLE	Dimitr	ijevic		C.	MIDDLE		Kestle	r
	16a. V		EVER IN U.S. AR	MED FORCES?	T6b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS		
	,	ues		6-1962	278-36-33	65	Gwen W.	Dimitri	iovic M	ame as	13e.	
I		18. CAUSE OF	DEATH (Enter an	ly ane cause per lin		0	OWER W.	v. am occi	Jevice is	anc ws	APPROXIM/	ATE INTERVAL
4		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a)	rullfill	the	unes				BETWEEN ON	SET AND DEATH
I		8/2	9		R AS A CONSEQUENCE	EOV					1000	7
P	1		if any, which	(b)		0						
		cause (a) s	tating the under-		R AS A CONSEQUENC	E OF						200
		lying cause	e last.	(c)								
		PART 2 DINER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	OR CONDITION GIVEN IN E	PART 1 (a).				
	20				Telloni							
1	¥	190. DATE OF C	PERATION	19b. COND	ITION FOR WHICH OF	PERATION W	AS ERFORMED?				28 AUTOPS	Y?
	E E	9/8	//	Lens	rel mite	Mone	bul 0	nat			YES 🗆	NOUT
	MEDICAL CERTIFICATION	210 EXTERNAL		21b. TIME O		21c. H	W INJURY OCCUR	RED LENTER NATU	RE OF INJURY IN ITEM	18 PART 1 OR PA		
	AL	UNDERLYING CONTRIBUTING	OR CAUSE OF			EAR V	T. K.	10.1	5 60	1.10	1	
	EDIC	21d. INJURY OC	Carried Control	21e PLACE	OF INJURY (ATHOME		CATION	Cerri	o Class	110	4	
)	X	AT WORK	NOT WHILE	STREETY FAC	TORY, FORA, EYC.)	1	TREET Par 10	250	YOR TOWN	11	20	STATE
)					The same		Januar			100	· ·	711
	P			ge at the remains de	scribed abave, held	n Autap				and in my ap	inian	
		death resulted	Tram:	Tal clauses .	Accident	Suicide	, Hamicide L.	Undetermi	ned manner	١.		
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4		EXAMINER'S N	AME	Flui	hopel	1	Ma	-4-1	201	218		
	220 BI	TYPE OR PRINT	ON, REMOVAL		114124	CE METERN O	ADDRESS	1111 1025	0-65	Mich		
	(5	PECIFY)			23c. NAME OF	CEMETERYC	KCKEMATORY	CITY OF TO	Marks.	ngton	VIY	STATE
	24. F	NERAL DIRECT	00	9/25/81	Arlin	gton A	ational C	enetery	SISTRAP 26 B. RE			
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Flat Late The State of The Late of the Lat Harris Cole, Litta 29,1965 79 D DEADLE A NOW AND A STORY OF THE ASSESSMENT A Annagalis Anna Arundal Green Hospe Harrister . Where (Strate Sens) And Transport - Water and Market Sens and Market Programmenities and protected, Soverer electrolyte relacionality Hard Bott to Clittude 1861 -- 1 tagge -- Bi hyper-- 1861 186161 Pyring X - Mariny 11 94-07.3 Charles WKinzer M.D. A ten gelin Marykand

FOR - STATE REGISTRAR	DEPA	STATE OF MARYLA RTMENT OF HEALTH AND C CERTIFICATE OF E	MENTAL HYG	IENE 8 1	2.	2 4	6 3 EDT
DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		YEAR	2b. HOUR
DANIEL	LEON	EDWARDS	SN	SEPTEMBER	29, 19	81	5:40 M
male	Block	5. DATE OF BIRTH	VEAR O8	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER	WARRIED	9 BALTIMORE CITY C ANNE ARUN			MD.
GLEN BURNIE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST NORTH ARU)		TITUTION	TYPE OF WORK OR MOST OF		12b. KIND OF INDUSTRY	BUSINESSOR
UAL RESIDENCE (IF NURSING HOME OF		GWN 13d. INSIDE C Surviu YES []	ITY LIMITS?	13+ ATGEST ADDRESS	alent	time	ave
Daniel	MIDDLE Educ	onds Is Mother's	FIRST PA	AE MIDDLE	2	LAST	~
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI VE WAR OR DATES! 2/7-03	ECURITY NO. 17. INFORMA B-8615 Mas 1	Baula	h Edward	10/4	16 Val	lentine a
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSE	pulminany a DUENCE OF cal Cerebrovase	word	hisem		APPROXIM BETWEEN OI	MATE INTERVAL
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	f	NAL DISEASE OR CONI	. 1	IN PART IIa	tin
190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFO	RMED	206 AUTOPSY?		VERE FINDING NG CAUSES C	
2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	JURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 21f. LOCATIO STREET),	CITY OR TO	WN /	COUNTY	STATE
saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the deceased fra		_, 19 <u>87</u> (982) apinian d	, ta eath accurred an the do	9/27/ 19. ate and haur a		hat (1) (we) last auses stated
23% SIGNATURE	Charli	DE GREE A	TTENDING PHYSICIAN	MEDICAL STAP	F IAN []	22c. DATE S	30/8/
22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRES	S 1404	Crain Hwy.	S. #30	00	

23c NAME OF CEMETERY OR CREMATORY

23b. DATE BP DHMH - 16 50M 1/81 (VRA 15, 4)

REG I. DECEASE TYPE OR PRIN

3. SEX

4. EATHER'S

160 WAS DE Treat of

CERTIFICATION

MEDICAL

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IMPORTANT, II Nem 21 is

HARI K. BHASIN, M.D.

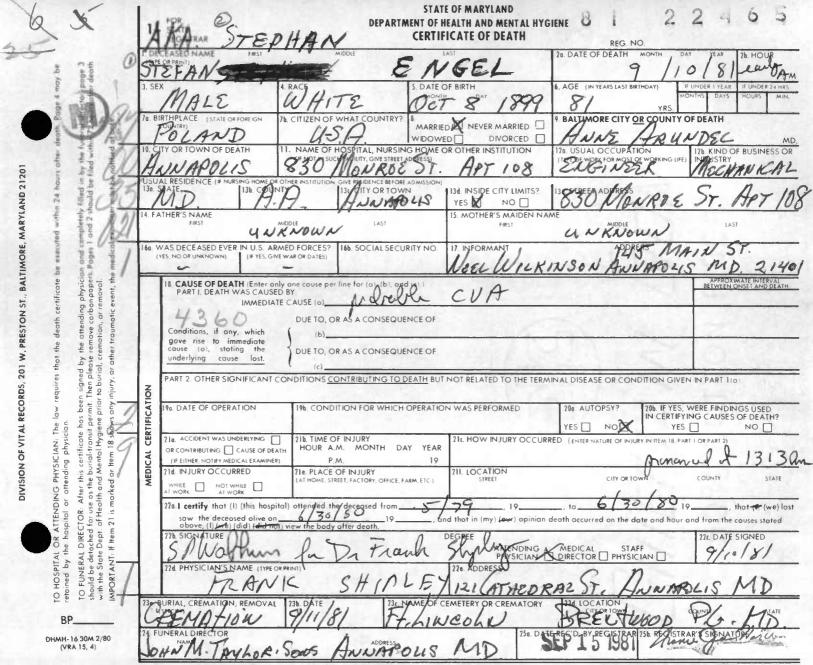
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

234 LOCATION LITY OR TOWN

Glen Burnie, Maryland 21061

Carlotte Car

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A CONTRACT OF THE SECOND DAY OF THE SECOND DESCRIPTION OF THE SECOND DAY. CITY OF THE PROPERTY OF THE PR

FOR - STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8	2 2	2 4 6 0
CEASED NAME CORP.	MIDDLE	EVANS	20 DATE OF DEATH	MONTH DAY	8/ 2b. HOUR M
FEMALE	WHITE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	DER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
PD.	UDH IW	AARRIED NEVER MARRIED DIVORCED	HUNE	HRU	NDEL MD.
AUWAPOLIS 8	IN SUCH FACILITY, GIVE STREET ADDR.	HUE	TYPE OF WORK FOR MOST OF		26. KIND OF BUSINESS OR NOUSTRY
AL RESIDENCE (IF NURSING HOME OR OTHE STATE 13b. COONTY)	13 CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. SPRIET DESS	CHER	AUE.
ATHER'S NAME MIDDI	FORD	15 MOTHER'S MAIDEN NAM	WIDDLE	LA	OYD
WAS DECEASED EVER IN U.S. ARMED YES, HOOR HIKNOWN) (18 YES, GIVE WA		NO. 17 INFORMANT	EASEY ADDRE	#13	
18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	LIMA	Cancer			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Prop. 1 4 C.
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	ny Sema			
gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	E OF			
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN II	N PART 1(0)
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR			OR PART 2)
	21e. PLACE OF INJURY 141 HOME, STREET, FACTORS OFFICE FARM.	211 LOCATION STREET	CITY OR TO	wn	COUNTY STATE
12s.1 certify that (ii) this haspital) saw the deceased alive on above TV was (did idid out vie	9/1 19.87	, and that in (my) (bur) opinion of	to 9/2 death occurred on the do	ote and hour and	t from the couses stated

160

CERTIFICATION

MEDICAL

njury, ar other troumotic event, the

MPORTANT: If them 21 is marked or liven 18 shaws ony

22e. ADDRESS

230 MAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BP.

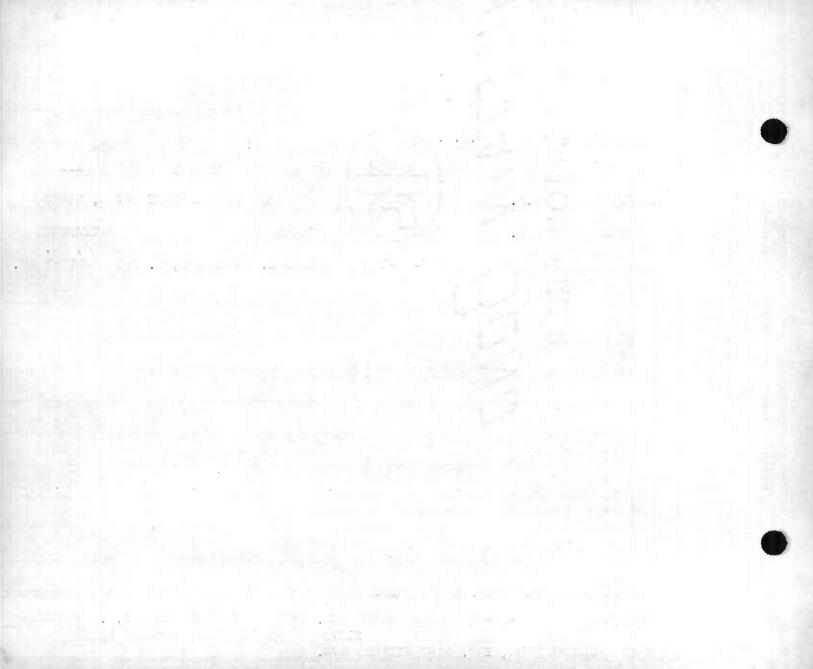
DHMH-16 30M 2/80 (VRA 15, 4)

J3b. DATE

SEP 14 1981 Frances Separature

SAME STREET, STREET, SAME SAME STREET,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO KNOWN XX I. DECEASED NAME OF ESTI-DEATH MATED (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PLEASE
AND 3 TO THE EUNERAL DIRECTOR.
RETAIN PAGE E. FOR YOUR FILES.
SHOULD BE FILES. WITHEN Y2 HOURS.
RECORDS, 201 W. PRESTON STREET. 26-81 FISCHBACH **JEFFREY** 26. HOUR : 30 a M 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 3. SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED 9-26-8,1 white male DEAD 01 16 64 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K FOREIGN COUNTRY Anne Arundel County U.S.A. WIDOWED [DIVORCED MARYLAND 126. USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Anne Arundel General Hospital Annapolis STUDENT ---USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ARNOLD 203 DAUNTSEY DRIVE, 21012 MARYLAND A.A. NO X 15. MOTHER'S MAIDEN NAME FORM PM 3. 14. FATHER'S NAME FIRST BATTENFELD DONALD L. FISCHBACH SR GREER 90 17 INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ARNOLD, MD. (YES, NO, OR UNKNOWN) DONALD L. FISCHBACH, SR. 203 DAUNTSEY DR. 216-54-1807 NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far-(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION **USED AS** 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD RECOUR THE WORD." PAGE 4 SHOULD BE ORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X 216 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR driver of a car struck by a van MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 210 PLACE OF INJURY (ATHOME, 216 INJURY OCCURRED and Arnold Rd. Anne Armdel Co. Md. TATE AT WORK hgwy. AT WORK Autapsy XX Inspection and in my apinian 22a. I certify that I took charge of the remains described above, held an Inquiry Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-26-81 ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) GLEN BURNIE MARYLAND BURIAL 09-30-81 GLEN HAVEN MEM. PARK A.A. BP EGISTR IN SIGN TURE 24. FUNERAL DIRECTOR 21229 ADDRESS DHMH-17 4107 WILKENS AVE. (VR A15 ME (5) HUBBARD FUNERAL HOME. INC. 15M2/80



PHINCES

Singleton Funeral Home, Glen Burnie.Md.

(VR A 15 (41)

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2e. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS MONTH IF UNDER 24 HRS DATE DAY 73 VPC Apr. 23, 1908 PRONOUNCED Male Cauc. DEAD TO BIRTHPLACE (STATE OR RECOUNTY OF DEATH 9 BALTIMORE CITY FOREIGN COUNTRY MARRIED P NEVER MARRIED Iowa United States Anne Arundel Co. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Engineer uilder 3. RETAIN F 3a. STATE Montgomery 13c CITY OR TOWN Bethesda 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 5807 Wilson Lane NO [L FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Eckardt Free Henry Anna 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-09-2177 Margaret G. Free (Same 13e) as Yes WWII 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). CHIEF MEDICAL EXAMINER ALONG WOSED AS A BURIAL - TRANSIT PERMIT.

OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY OR REMOVAL IMMEDIATE CA DUE TO, OR AS A CONSECULAÇE OF Canditians, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDS DIO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMEND BE BALTMORE, MARYLAND, 21201 PRIOR TO BUJ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK thoraged the remay's described above, held an 77s I certify that too Autopsy Inspection death resulted Hamicide Undetermined manner DATE 7.13.81 EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO Silver Springcoun "Marylä#id 1981 Gate of Heaven Cem. Pumphrey Funeral 24. FUNERAL DIRECTOR Robert **DHMH-17** Homes, P.A., Bethesda, Maryland (VR A15 ME (5)) 15M 2/80

and product the same of the last the same of the same of the last the same of Lise Medical English and Street AND THE PROPERTY OF THE PARTY O page 3

6	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	FIENE B	2	2 4	7 0
750		CEASED NAME	FIRST		MIDDLE	4.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		Į.	Annie		E.	Gar	dner	Septemb	er 22,	1981	7:30ª
	3 SE			I. RACE		5. DATE O		6 AGE (IN YEARS LAST BI		UNDER TYEAR	IF UNDER 24 HRS
80		Female		Cauca		Mar	ch 13,1892	89	YRS.		
20	(RTHPLACE (STATE OF I	FOREIGN 7		WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
24		aryland	-	USA		WIDOWE	6.3	Anne A			MD.
00	G	len Burni	e	15 Wi	lson Bl	vd.	ROTHER INSTITUTION $S \cdot W \cdot$	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O Housewif	OF WORKING LIFE)	Own F	Home
35	13a. S	AL RESIDENCE (IF NURS STATE Md.	13b. COUNT	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bu	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	n Blvd	1. S.V	N .
7)3	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	111111111111111111111111111111111111111
240	Ι	Daniel			Day		Emma	Jane	5.630		son
	16a. V	VAS DECEASED EVER		NED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDR	CTCI	Burr	nie, Md.
		NO OR UNKNOWN			212-74-	3364	Mr. Fred G	ardner, 11	Wilso		
		18 CAUSE OF DEAT	H (Enter only	ane cause per	live for (o), (b), and	(c).)	9 1	h!	West State	BETWEEN O	MATE INTERVAL
		1/0	IMMEDIATE		Carroll	harlan	1 hours	Marhon		JU	m
		4379		DUE TO, O	AS A CONSEQUE	NCE OF	antino 1			1 APN	
		Conditions, if any, gave rise to imm	nediote	(6)	men	x3 ea	18/1011/201	MINI		gur	m_
		cause (o), statin underlying couse		DUE TO, OI	R AS A CONSEQUÉ	NCE OF					
5		PART 2 OTHER SIGN	NIFICANT GO	ONDITIONS CO	INTRIBUTING TO F	E AZH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN	IN PART 1/a	
	NO		alti	MIDIA	WV 1 B	How	1 Delast	WAL DISEASE OR COIL	DITION ON EN	11 1 1 1 1 1 1	
1	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	
d	TIF	USCATE.	D.E	1900				YES NO NO	YES [NO [
9		21a. ACCIDENT WAS UNE		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	1 OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDI		Р.		19			_3911		
5	MEDICAL	21d INJURY OCCURE		21e. PLACE (OF INJURY EET, FACTORY, OFFICE F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		AT WORK AT WO	RK —				70	9.	2)	f1	
		22a I certify that (I)		ol) ottended the	e deceased fram	4	d that in (my) (aur) apinian	, to	. 19	, 1	hat (I) (we) last
		22h ZHGNATURE		view the body	after leath.	/	DEGREE	death occurred on the d	Sie ona noor or	22c. DATE S	
		Airo 1	Tro	2/1	//		ATTENDING PHYSICIAN	MEDICAL STA	FF		ept.81
	1	22d. PHYSICIAN SIN	AME (TYPE OR	PRINT)	2		220 ADDRESS	DIRECTOR PHYSIC	IAN []	22 0	epr.or
5/		Hilia:			M.D.		325 Hospit		Glen H	Burni	e, Md.
3		BURIAL, CREMATION,	REMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
		Burial		24 Ser	ot.81 G1	en H	aven Mem. I	k. Glen H	Burnie	AA.	Md.
	24. FU	JNERAL DIRECTOR			ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAL	Then
		James S	. Kir	kley.	Glen Bu	rnie	1 SE	723 1981 a	sinces)	fan	KALLIONO

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n signed by the attending physicion Then please seminar

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. af Health and Mental Hygiene prior ta burial, cremation,

MPORTANT: If Item 21 is marked at Item 18 sho

24. FUNERAL DIRECTOR R. D. Hopkens ADDRESS SINGLETON FUNERAL HOME

TO FUNERAL DIRECTOR: After this certificate has bee TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physician

injury, or ather troumotic event, th

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

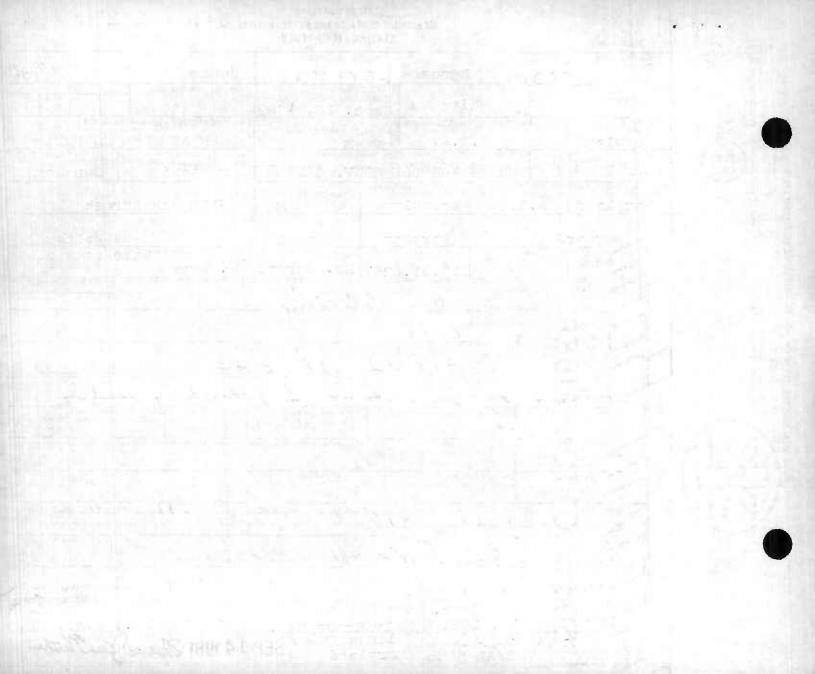
an Wather

	REGISTRAR							REG. N	٥.			
DE	CEASED NAME	FIRST		WIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR	
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. SEX	Female		4 RACE	100	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS	4 HRS
	remate		Wh	nite	Sep		1892	8		TITLE DATE	TIOORS	Must
	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MA	-	9 BALTIMORE CITY O		FDEATH		
N	Maryland			S.A.	WIDOWE	DIV	ORCED	ANNE AR		COUN	TY,	MD.
	TY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	F BUSINES	SOR
GI	LEN BURNI	E	NORTH	I ARUNDE	L CO	NV. CEI	VIER	Housew	ife		Home	e
30. S	AL RESIDENCE (IF NURS	ING HOME OR		136 CITY OR TOW		13d INSIDE CIT	VILIALITS 1	13e STREET ADDRESS				
-	Maryland	Α.	_	Brook1			10 X	5112 4	th St	reet		
FA	THER'S NAME		MIDDLE			15 MOTHER'S		ΛE				
	Bernar		WIDDLE	Fortm	an	Mad	deline	MIDDLE		Wa1	ters	
	VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SECU		17. INFORMAN			Same		#	
(1	res, no or unknown) No	(IF YES, GIVE	N/A	217.01.	0267	Mr. Be		W. Gram	- Cant	_	[™] 13	
	18 CAUSE OF DEAT	H Enter on	ly one couse pe				1			APPROXI BETWEEN	MATE INTERV	EATH
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	4292			R AS A CONSEQUE	NCE OF			Total Name		200		
	Conditions, if ony,	which	(1b)	CVI	,,,,,							
	gove rise to imm	nediote	DUETO	R AS A CONSEQUE	NCE OF		X 1750					
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IIFIC			1 48 1					YES T NOT	IN CERTIFYI YES	NG CAUSES	OF DEATH	1?
CERTIFICATION	210 ACCIDENT WAS UND	ERLYING	216 TIME C		1000	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUI		T 1 OR PART 2)		_
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		in.	.M. MONTH DA	YEAR							
EDICAL	21d. INJURY OCCUR			OF INJURY	19	21f LOCATION	1					_
ME	WHILE NOT WE	TILE [(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOV	/N	COUNTY	STAT	TE
	220.1 certify that (I)		tol) ottended th	he deceased from	n	Lay	19. 80	to 9 - 1	I 15	81	that (I) (we	e) lost
	snw the decense	d alive on	9	O 10 Y				eoth occurred on the de	ate and hour c			
	22b. SIGNATURE	lid) (did no	1) view the body	offer death		DEGREE	-			22c. DATE	SIGNED	
1	Vann	20	lon-	. 0	11	41) AT	TENDING	MEDICAL STAI	F CLANT			
6	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT	1		22e. ADDRESS	ITSICIAN [DIRECTOR PINSIC				
-	MUS	tu	_	C - 02		60)	· Ba	A Blud		evern	a po	sk
30. B	URIAL, CREMATION,	REMOVAL	23b. DATE S	Sept. 23c. N	AME OF C	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STAT	176
(-	Buria	1	14, 1	. 981 н.	olv (Cross (Cem.	Brookly:	n Pk.	, A.A		D.
4. FL	INERAL DIRECTOR	K. 10.	Hosel	ELLIS ADDRESS	31en	Burnie	250 DATE	REC'D BY REGISTRAR	256. REGISTRA	R'S SIGN	Virto.	

Maryland

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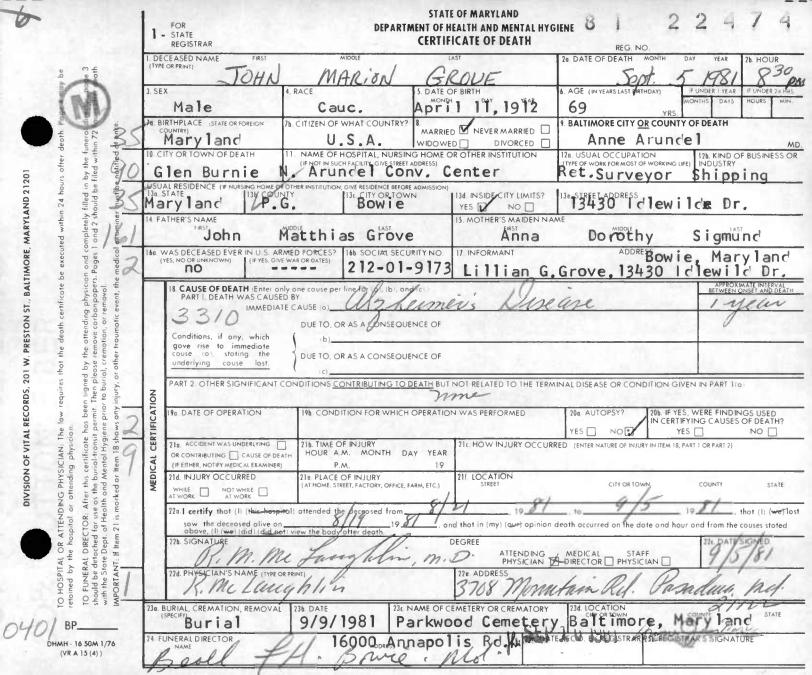
DHMH - 16 50M 1/76 (VR A 15 (4))



1	1	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	an i
	1111	CEASED NAME ASYN	E	GREEN	20. DATE OF DEATH MONTH	20 81 929 M
(M)	3.58	MAKE '	BIACK	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 24 HR
deoth. P		RYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL CO	
he fu	ANI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARUNDEL GE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
filled outd b	M	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAN D A.		S 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 1155 Eastport T	Terrace
omplete on 2		GEORGE	MIDDLE GREEN	15. MOTHER'S MAIDEN NA. MARY	MIDDLE C.	BARNES
on and con and	N (WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES! 219-05-44		ADDRESS Ann	Terrace
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STATE OF MARYLAND

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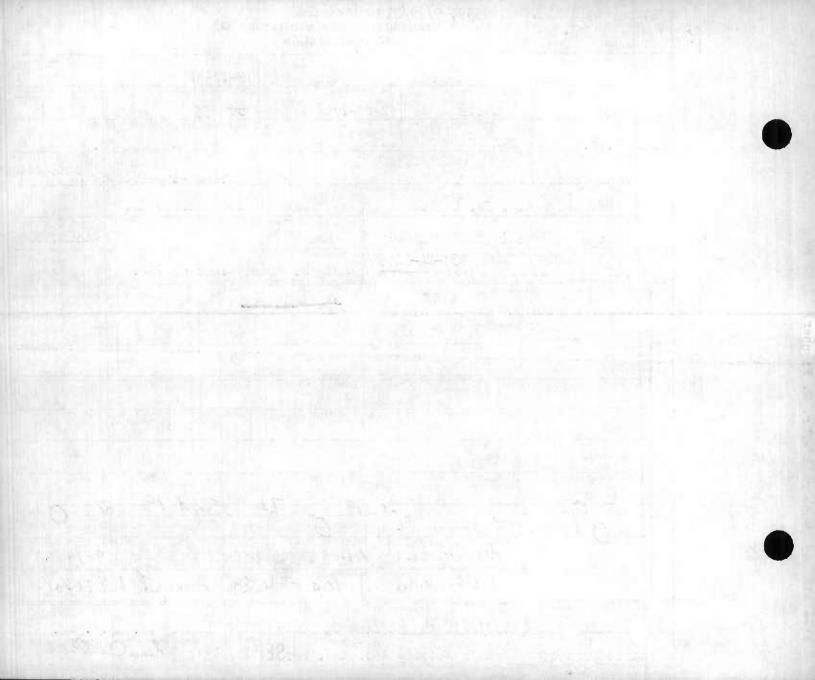
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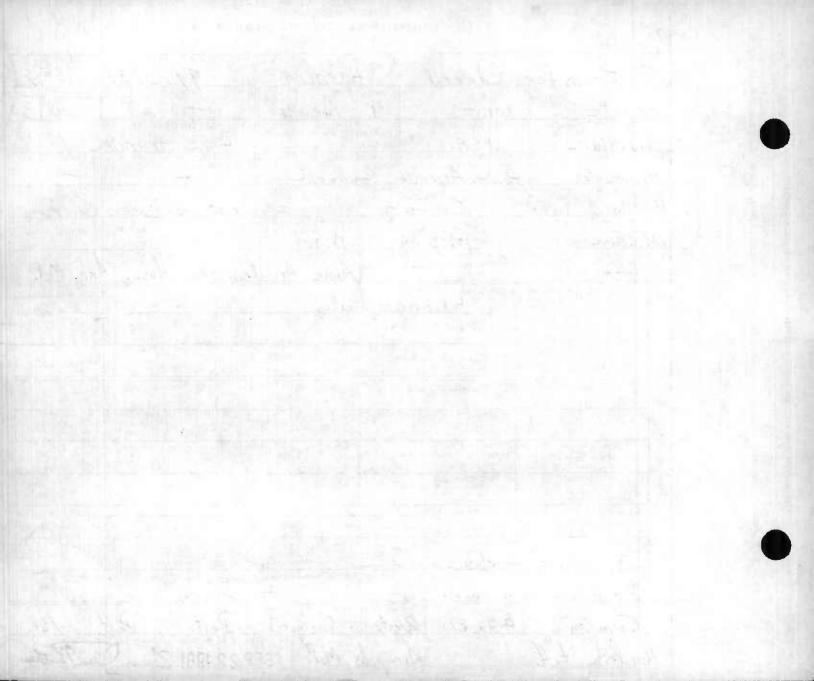
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emale White	5. DATE OF BIRTH MONTH DAY Jan. 8.	YEAR LAST BIRTHDAY) MONT	DER 1 YR IF UNDER 24 HR	PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR
BIRTHPLACE (STATE OR		COUNTRY2	IED TX NEVER MARRIED T	9 BALTIMORE CITY OF	COUNTY OF DEATH
Florida	U.S				ZONNEI CO-MD
1 6	(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS)	1. 1. 1. 1. 1.	USUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY OWN HOME
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FATHER'S NAME					
			Ruth		UNKNOWN
WAS DECEASED EVER IN U. (YES, NO, OR UNKNOWN) (IF YE)	C 00/5 W + 0 00 0 + 25C)		Mr. Tommie	In Law RESS L. Haney,	P.O. Box 321 Greenville,Fla
gove rise to immo couse (a) stating the Lying couse lost. PART 2 DINER SIGNIFICANT CONC	DUE TO, OR AS (c) ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS			20. AUTOPSY?
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21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ZIE PLACE OF STREET, FACTORY	INJURY (ATHOME, 211 LO	TREET	Co. Maryla	COUNTY STATE
22a I certify that I took death resulted from:	charge of the remains describ	ped above, held on Autop	y Inspection Homicide Un TITLE (SPECIFY)	, Inquiry—, and determined manner .	DATE SIGNED 7:10.51
	.			1 2 2	
EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMO	E. LINHARD	23c. NAME OF CEMETERY O	ADDRESS Anso	LOCATION LOCATION	
E I F	PART 2 DINER SIGNIFICANT CONCENTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CO	TORRIGHOUSE (STATE OR OF DEATH DAY Jan. 8, DATE OF BIRTH DAY Jan. 8, DATE OF BIRTH DAY Jan. 8, DATE OF DEATH DAY Jan. 8, DATE OF DEATH DAY Jan. 8, DETECTION OF DEATH DAY JAN. 8, DECEMBER COUNTRY TOWN OF DEATH DAY JAN. 8 JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTATE DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTATE DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTATE DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTATE DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTAULT OF WHAT DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTAULT) AND AND AND AND HOME OF DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESTAULT) AND AND AND HOME OF DAY JAN. 9 DATES OF DAY JAN. 9 DATES) JAL RESIDENCE (IF IN NURSING HOME OF HOME INSTITUTION, GIVE RESTAULT) AND AND AND HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESTAULT) JAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE R	TULIA ANN EX	TULIA ANN HANEY EX	RECASED NAME TYPE OR PRINCIPAL OF BIRTH JULIA AND AND AND AND AND AND AND A

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hysicio paper naval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), (b , and (c))	6 6	l	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Par or ruse Health		220.1 certify that (1) (this hospital) saw the deceased alive an				19, that (I) (we) last
OR ATT or hospital DIRECTO sched for Dept. of f Item 21		obove, (I) (we) (did) (did not) v. 22b. SIGNATURE	ew the body ofter death.	DEGREE	oth occurred on the date and hou	22c. DATE SIGNED
. 4 . 2 4 -		1	Sole D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL TO FUNERAL Should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS	JULINT CATA	EDORA-585
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 mi-retained by the hospital or ottending physicion.
TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending protection and complete members in the luneral director, p should be detached for use as the buriof-transit permit. Then please remove continuously Pages and Chairs at the with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, an immort
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	3. SE.		THE.	4. RACE		-	5 DATE C		YEAR	6. AGE INY	EARS LAST BIRTHDAY	1	F UNDER I YEAR	IF UNDER 24 HRS
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4		Daniel		J.	McGa				ry		F.		Gate	ly
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

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neral director, page 3

8	1-	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	2 2	8 E.D.T.
		CEASED NAME FIRST () OR PRINT) () ALVIN	Alvin	LEE	Hal	Sr. JOHNSON, SR.	20 DATE OF DEATH MO	ONTH DAY YEAR ER 8, 1981	26 HOUR
	3. SEX	Male	4 RACE Black		5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
35	N	RTHPLACE (STATE OR FOREIGN COUNTRY) Iaryland TY OR TOWN OF DEATH	USA		WIDOWE	NEVER MARRIED DO DIVORCED DO D	9 BALTIMORE CITY OR O ANNE ARUN 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	NDEL COUNT	Y MD.
7	USUA	GLEN BURNIE AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	NORT!	H ARUNDE	ADMISSION)	SPITAL 134. INSIDE CITY LIMITS?	Retired 13e STREET ADDRESS	VORKING LIFE) INDUSTR	
55		Md A.	Α. (Glen Bu		YES NO X	7796 Freet		
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			E WAR OR DATES)	215 07 7		Grace Whart	on 7796 Fr		oad 21061
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9	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	all I	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART I OR PART 2)
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7		224 PHYSICIAN'S NAME (TYPE C					HOSPITAL DRI	IVE, #108	
1		JOSE M. PRES				<u> </u>	BURNIE, MAR	RYLAND 210	61
		Burial Burial	9-12-81	CALL THE PARTY		Church Yard	Glen Bur	nie A.A.	Co Md

DHMH-1650M1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Brown/Thompson F. H. 1913 W. Balto, St.

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SEP 14 1981 Registrar's signature

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K		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy be	1	GEORI	GE W. JOHNSON	9-24-81 1:180
e d	3. SE		4 RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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8 E		RTHPLACE (STATE OF FOREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
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	-	THER'S NAME	15 MOTHER'S MAIDEN NA	AME Station Road
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n ond co	1	(IF YES, GIVE	WAR OR DATES) 220-01-6772 MARY SMITH	4/140 Marone Chalder 72 02 1
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by the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE TO Laser	
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10 6)		22a I certify that (I) (this hospital saw the deceased alive on	G 7 2	, 17
OR ATTEN e hospital DIRECTOR oched for u Dept. of He		abave, (1) (met (did) (did nat)	view the bady after death	deoth accurred an the date and haur and Iram the causes stated
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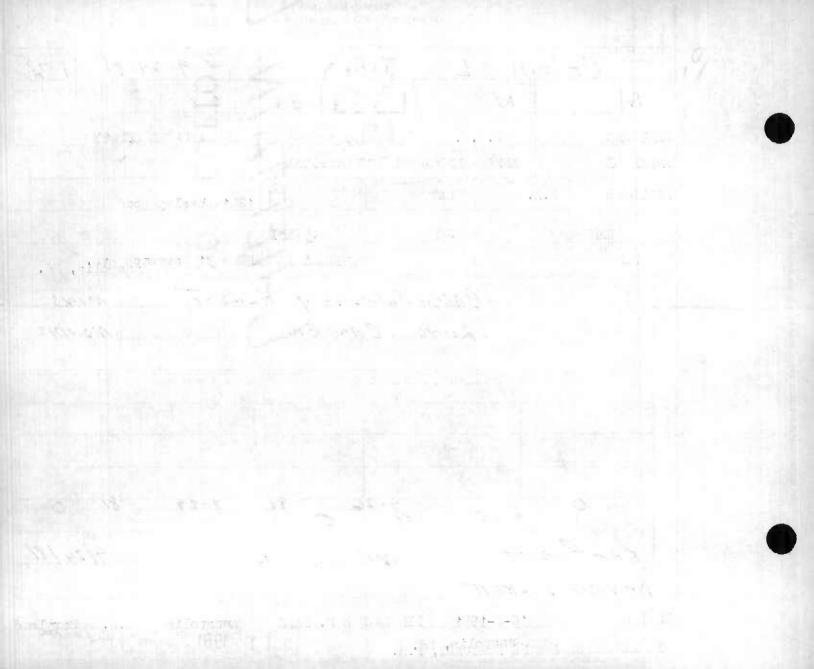
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CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF LINDER 24 MRS 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS 1221 Shesley Road 15 MOTHER'S MAIDEN NAME MIDDLE LAST QUEENTE BROWN ADDRESS SHIRLEY ALEXANDER 31 Lawrence Ave annapolis, APPROXIMATE INTERVAL RDIOPHIMONARY ARREST mins PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF PHYSICIAN K DIRECTOR PHYSICIAN [230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY BURIAL 10-2-1981 Annapolis DHMH - 16 50M 1/B1 MARCES

FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or ather troumatic event, the medical exemin

	STATE OF MARYLAND		
	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	
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/	1.	STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	60.30		E.D.T.
8		CEASED NAME FIRS	ST T	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	E OR PRINT)	ADYS	MAY		KELM	SEPTEMBER :	27. 19	981	11:26A _M
	3 SE	X	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
9		Female	Whis	te	May	12, 04913 YEAR	68	YRS.	MONTHS BAYS	HOURS MIN.
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6	44	ruland	11	SA		D NEVER MARRIED L	ANNE ARUN	DEL CO	NTY	MD.
· Y		ITY OR TOWN OF DEATH	11. NAME O	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
4	G	GLEN BURNIE		H ARUNDEL		ITAL	HOUSEWILL	e working LIF	(E) INDUSTRY	
-	13e. S	AL RESIDENCE (IF NURSING HOSTATE 136	OME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5	ma	uland	A.A.Co.	Fenndale	,	YES NO KK		lale A	hie Fenn	date, Md.
1-	14 FA	HHER'S NAME	MIDDLE	1241		15 MOTHER'S MAIDEN NA	ME			
亿		George		- Thoma	11	Manu	WIDDLE	55	Jenki	n 4
		WAS DECEASED EVER IN U. YES, NO OR YINKNOWN) (1FY		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	0	1123
	,	No	ES, GIVE WAR OR DATES)	219-05-1	680	Mary Lou (re	ws, Same as	above		
		18 CAUSE OF DEATH (En	ter only one couse p	er line for (g), (b), an	d (c).)	10 -			BETWEEN	MATE INTERVAL DNSET AND DEATH
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		Conditions, if ony, which		car	diac	anyxom	ul		29	Caur
		gove rise to immedia cause (a), stating th		0	1/					
		underlying couse los	st. (c)_	Valu	uld	1 Heart In	reace		Jev.	plans
	7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110) 1
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4	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	OF DEATH?
	ET.						YES NO	YE	S 🗌	NO 🗌
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE	HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PART 2)	
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		AT WORK ALMORK					01	/	01	
		22a I certify that (I) (this	0 10		4	26 1907	, to	2/	195, 1	het ((we) ast
		above. (If (we)(did)(d	lid not) view the bod	y efter death.	, 01	nd that in (my) (our) opinion o	death accurred on the do	ate and hou	r and from the c	couses stated
		276 SUSTON TURN	101	10 ~	-	ATTENDING	MEDICAL STAT		22c. DATE	BIGNED
		ton	Us	Live	400		MEDICAL STAF	IAN 🗆	8/2	18/
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			27e ADDRESS 7845	OAKWOOD RO	DAD, #	200	,
1		DAVID A. S	CHWARTZ,	M.D.		GLEN	BURNIE, M	ARYLAN	ID 21061	
		BURIAL, CREMATION, REMO			1 .	EMETERY OR CREMATORY	23d. LOCATION		COUNTY 44	a STATE
		Burial	Oct. 1,	1901 (6	edan t	ill (emetery	Baltimon	le,	Man	uland

DHMH-16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR ully Funeral Home, 130 E. Fort Ave. Balto. Md

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3 SEX	4. F	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN: PRONOUNCED	MONTH	DAY YEAR	2d. H
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13a, S1	TATE	13h COUN	R OTHER INSTITUTION, GIVE TY	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	MARYLAND	V A.	Α.	ARNOLD	YES NO 🔀		ISTA RO	AD, 2121	.2
14. FA	THER'S NAME		MIDDLE	LAST	15. MOTHER'S MAID!	EN NAME MIDDLE		LAST	
	BILLY		LEE	KIRKPATRICK	SHIRL			ELLIOI	T
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	NO			214-64-5373	BILLY LE	E KIRKPATRIC	K 912 M	AGO VIST	'A R
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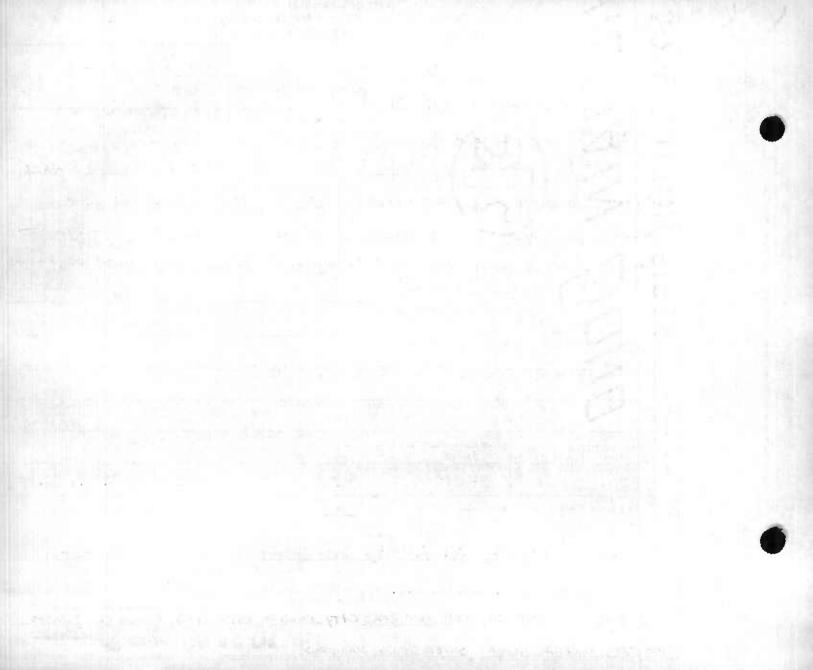
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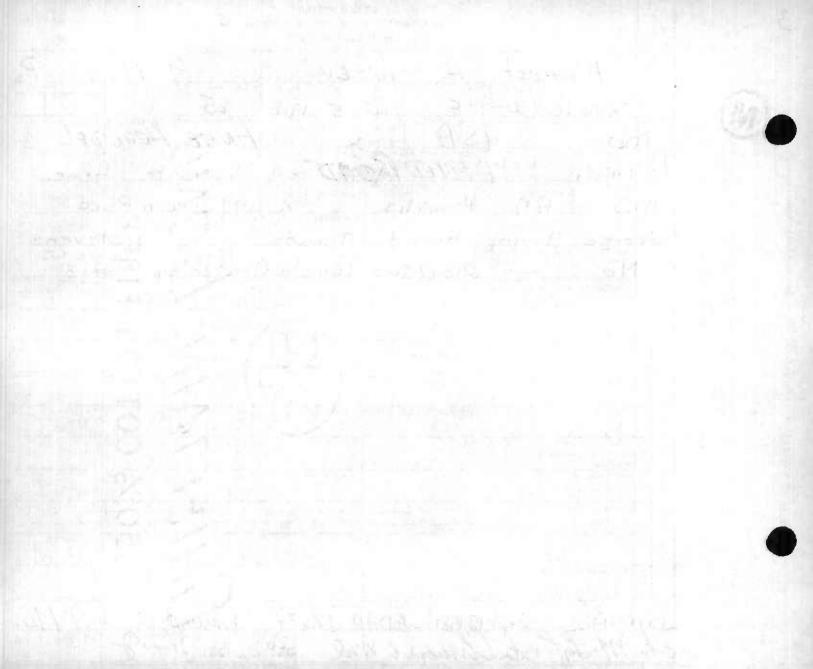
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PLE ST		3. SEX	4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA			2c. DATE PRONOUNCED	MONTH DAY Y	Zd. HOUR
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EES S	8		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED NEV	ER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEAT	Н
A STATE OF THE STA	14		KANSAS	и.	S.A.	WIDOWED [DIVORCED	H.HCO	. = =	MD
AY IS THE AGE FILED	51	10 CI	Y OR TOWN OF DEATH		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUT	19N 12a. USU.	AL OCCUPATION (TYPE	OF WORK 12b. KIND O	F BUSINESS USTRY
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NY DE	11	USUA 130. S1	RESIDENCE (IF IN NURSING HOME ATE 1336. COU	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	13d. INSIDE CIT	Y LIMITS? TISE STRE	ET ADDRESS		-811
21201 F AND S. RET. SHOUL	35	MA		ARUNDER	FORT MEAD			5-D CHRISTI	IAN LOOP	
0 I N N N		14. FA	THER'S NAME	WIDDIE	LAST	15. MOTHER	R'S MAIDEN NAME	MIDDLE	LAST	
RE, MD	040		Roy	D.	WHITMI			(NKNOWN)	EAST	
MORE TER DI PAGE FORM S 1 AI		60. W	AS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY			ADDRESS		
RS AFTER I GIVE PAG WITH FORM PAGES 1		(1.6	1	ONE	514-58-3	994 ROY	D. WHITM.	IRE (FATTHER) NEWTOND	KANSAS
BALTIMO URS AFTER B. GIVE PA WITH FOR T. PAGES 1	1		18. CAUSE OF DEATH (Enter o	nly one couse per line					ADMIN IN	MATE INTERVAL
ST. ST.			PARTIDEATH WAS CAUSE	ED BY: ATE CAUSE (o)	ultel	his	dia.		Set wild c	DHSET AND DEATH
TON 1 TEA ALO PER 1 GE	4	-	8129		AS A CONSCOUENCE O	OF //				market
VITHII NER	00	7	Canditions, it any, which			0			C. C. C.	
W. W. ENG.	REM	H	cause (o) stating the under		AS A CONSEQUENCE C	OF .			- 7 - 11 - 17	
CUTEC IN PE	Ö		lying couse last.	(6)						
DIVISION OF VITAL RECORDS, 301 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 NOTHING THE WORD "PRENDING". IN PENCIL IN TER ROED TO THE CHEE MEDICAL EXAMINER ALON E 3 SHOULD BE USED AS A BURIAL-TRANSIT PER E DEPARTMENT OF HEALTH AND MENTAL HYGHE	Ž O		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART T (o).			
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RED VERY HEAD	Se di	ATI	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER.	ATION WAS PERFORA	AED?		20. AUTOR	PSY?
ITAL ITAL ING CHIE	204	CERTIFICATION							YES [D NO Z
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NOF FICATI THE V OULD OULD RTMEN	0		UNDERLYING POR CONTRIBUTING CAUSE OF	DEATH P.M.	MONTH DAY SEAR	Auto to	Auto noo	ident		
CERTIFIC TITING THOSE SOFT TO SOFT SOFT SOFT SOFT SOFT SOFT SOFT SO	Š	MEDICAL	71d INJURY OCCURRED	21e. PLACE C	F INJURY (AT HOME,	21f. LOCATION	Auto acc			
DIVIS HIS CER VRITING ARDED GE 3 S VIE DEP	35	¥	WHILE NOT WHILE I	Highwa	DRY, FARM, ETC.)	Route 17	70	CITY OR TOWN	A A A	Md.
E, WRII PAGE STATE	1201	31							80809	1100
SATE SOL	000		220. I certify that I too cliq			Autopsy	Inspection .		in my apinion	
AMIR RTIFK BECT ITH T	ARYLAND		death resulted from Non	causes .	Accident , Sui	cide Homicia		rmined manner		
EXA OULD OULD WINNIN		W)	ACTUAL //	7		TITLE (SP	ECIFY)		DATE 0	01
CAL SHC SHC SHC SHC SHC SHC SHC SHC SHC SHC	E, A		SIGNATURE COLUM	mall!		M.D. 124	MEDIC	CALEXAMINER	SIGNED 7	* /
MEDICAL EXAMINE CUTE THE CERTIFICA E A SHOULD BE FOUREAL DIRECTOL ER DEATH, WITH THE	ON ON	and the same of	EXAMINER'S NAME	=/	1+		1	100	200	
TO MEDICAL I EXECUTE THE PAGE 4 SHOU TO FUNERAL	TA -	22. 01	(TYPE OR PRINT) RÍAL, CREMATION, REMOVAL	THORK	Los MANT OF CO.	ADDRESS_(1221 1	dors !		
	8	(51	ECIFY)	The second second second		AETERY OR CREMATO		CATION	COUNTY	STATE
BP	-	74 FL	BURIAL NERAL DIRECTOR	SEPT. 30, 193	BILGREAT BEN				STON CO. KI	ansas
DHMH - 17 (VR A15 ME (5)			NAME	ADDRESS		184 75 55	3EF 2.	9 1981	ne Oralla	isco.
15M 7/77		CH	AMBERS FUNERA	LHOME SI	LVER SPRING	MARUCAND	1	- 1901		The state of the s

THE RESERVE THE CONTRACT OF THE PARK TH STI BANK AND THE PROPERTY OF STREET AND THE RESERVE OF THE PARTY OF

FC	OR		TE OF MARYLAND HEALTH AND MENTAL H	VOIENÉ 1 2 2	6 8 7
- S1	TATE EGISTRAR		IER'S CERTIFICATE O	EDEATH	
1. DECE	EASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 12b. HOUE
(TYPE C	OR PRINT}	WILLIAM D.	KOELLER	OF ESTI-	26-81
3. SEX	4 RACE	5. DATE OF BIRTH 6. AGE (IN YE	ARS IF UNDER 1 YR. IF UNDER		DAY YEAR 2d HOUR
	male white	MARCH 17, 1950 3 Y	Months DATS HOOKS	MIN. PRONOUNCED DEAD 9-	26-8% 2:51
7e. BIRT	THPLACE STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRI	9 BALTIMORE CITY OR COLD	NTY OF DEATH
TORE	KANSAS	U.S.A.	WIDOWED DIVORC		el County MD
ID CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK	
	Glen Burnie	North ARundel Hos		C.T.R. I	4.S. NAVY
JSUAL 30 STA		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS TY 136, CITY OR TOWN	(N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
		ARUNDEL FORT MEAD		7015-D CHRISTIAN	LOOP
4. FAT	HER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
V	VILLIAM 2	TAMES KOELLE		LUCILLE	ALEXANDER
6a. WA	AS DECEASED EVER IN U.S. ARA NO. OR UNKNOWN)	WAR OR DATES)	Y NO. 17. INFORMANT		927
			182 WILLIAM J.	KOELLER (FATHER) GRE	AT BOND, KANSAS
1	8. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	COLA DIMMEDIAT	Multiple injuries			
7	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE	OF		
-	gave rise to immediate cause (a) stating the under-	(b)			
	lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		H H
-	DART 2 DINEP SIGNIFICANT CONDITIONS	(c)	UNAL DICCOCT OR CONDUCTION CONTY IN A		
	AKI 2 DINEK SIDNIFICANI CUNDILIDAS	DALKSOLING ID DEATH SUL NOT KELVIED ID INC LEKA	IINAL DISEASE OR CONDITION GIVEN IN PAI	K1 1 (a	
A	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?
FF		100			YES NO
1 7	110. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c, HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART I OR F	
MEDICAL CERTIFICATION	UNDERLYING XX OR CONTRIBUTING CAUSE OF D	P.M. 19	driver of au	TO/AUTO COLLISION	
EDIC	INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	21f. LOCATION		
	WHILE NOT WHILE K	STREET FACTORY FARM, ETC.)	Rtsireei 170	୯୮୯% ମଧ୍ୟ Arundel	outo., Md. STATE
		e af the remains described abave, held an	Autopsy X Inspection	n . Inquiry . and in my	
can.			nicide . Hamicide .	Undetermined manner ,	apinian
	A .	Accident A., Sc	TITLE (SPECIFY)	Underermined manner	
	ACTUAL CONTRACTOR	Water the Mull)_MDAssistant	MEDICAL EXAMINER SIGN	9-26-81
		Y C			NEU
E (XAMINER'S NAME TYPE OR PRINT) Margari	ta A. Koroll, M.D.	ADDRESS 111	Penn Street	
23a BUF			METERY OR CREMATORY	123d LOCATION	UNIT STATE
(SPE		SEPT. 30, 1981 GREAT BE	ND CATTY CONSTERY	GREAT BEND, BARTON	
	NERAL DIRECTOR	ADDRESS	25a. DATE	29 1981	SONAL PLACE
0.14-0	MBERS FUNERAL		MARINAIN	1 6 J 1301	No.



3	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
ov be to page 3 after death		MONTH DAY YEAR MONTHS DAYS HOURS MIN.
er d to the former of the fore		IRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROJECT NEVER MARRIED
24 hours ofter filled in by the ould be filled with myst be notified	USU 13a.	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? THE STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? THE STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? THE STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? THE STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS?
executed within ond completely ages I and 2 sh edicol exominer	160.	ATHER'S NAME FIRST LAST ADDRESS SQUEENS VES. NO QUINKNOWN) (IF YES, GRE WAR OR DATES) YES, NO QUINKNOWN) (IF YES, GRE WAR OR DATES) LAST ADDRESS SQUEENS SQUEENS SQUEENS LAST LAST LAST ADDRESS SQUEENS S
5, 201 W. PRESTON ST., BALTIMOR ires that the death certificate be executes that the attending physician and an please remove carbon papers. Pages burial, cremation, or removal.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
VITAL RECORDS N: The low requivision. cote hose been signification on the permit. The Hygiene prior to 18 shows ony injury.	AL CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING NO NOTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 199. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19
DIVISION OR ATTENDING PRESENTED OR ATTENDING PRESENTED OR OTHER OF Use as the Dept. of Health and them 21 is marked of	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (A
TO HOSPITAL Oretained by the TO FUNERAL Should be detact with the State D IMPORTANT. IF I	ttp	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTO
BP DHMH-16 30M 2/80 (VRA 15, 4)	The state of	DAR BLUTT PUNDADILI COUNT PAD LI COUNT PAD L



	11-	FOR STATE REGISTRAR			ST DEPARTMENT O DICAL EXAMI	F HEALTH		-	TH	2 2	ag 8	3 9
# & & & E	1. DE	CEASED NAMI	FIRST .		MIDDLE		LAST		OF ESTI-	N MONTH		2b. HOU
PLEASE DIRECTOR. PLEASE PLUES. THOURS ON STREET,	3 SEX	Male	4. RACE White	5. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UN			DATE RONOUNCED DEAD	MONTH Q	DAY Y	EAR 2d. HOL
100 100	7a. BI	RTHPLACE (S' REIGN COUNTRY)		76. CITIZEN OF W	HAT COUNTRY?	B	ED NEVER MA	ARRIED 🔲	Anne Aru	TY OR COUNT	Y OF DEATI	811 a.
O SE REDO	Se	verna	Park	Rt. 2 -	SPITAL, NURSING HOL CILITY, GIVE STREET ADDRESS BOX 251	ME, OR OTH		12e USUA	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK		F BUSINESS USTRY
ANY CANY CANY CANY CANY CANY CANY CANY C	USU A 130, S	Md.	(IF IN NURSING HOME 13b. COUR	OR OTHER INSTITUTION, GI	13c. CITY OR TOWN Severna		13d INSIDE CITY LIMITS	13e. STREE	et ADDRESS oute 2-	Box 2	51	
1 E-10872		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	WIDDLE		LAST	
ALTIME AFTER SIVE PA AGES 1 (ISION)	(YE	/AS DECEASE! s, no, or unkno Inkn.	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADD	RESS		
UTED WITHIN 24 HOLIN PENCIL IN ITEM 18 FENCIL IN ITEM 18 FENCIL IN ITEM 18 FENCIL PREMIOR ALONG MENTAL HYGIENE, ON, OR REMOVAL.	2	Condition gave ris cause (a) lying cau	immediates stating the under	DUE TO, OR (b) DUE TO, OR (c)	e far (a), (b), and (c).) of Intrace As a Consequenc AS A CONSEQUENC BUT NOT RELATED TO THE TE	E OF					APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATI
BIVISION OF VITAL RECORDS, WHER: THIS CERTIFICATE SHOULD BE EXECTION. FLOATE, WRITING THE WORD "FENDING". FORWARDED TO THE CHIEF MEDICAL. FLOATE PAGE 3 SHOULD BE USED AS A BUST THE STATE DEPARTMENT OF HALTH AND LITHE STATE DEPARTMENT OF HALTH AND LAND, 21201 PRIOR TO BURIAL, CREMATIL	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				2D AUTOR	
ON OF V	CALCER	UNDERLYING	L CAUSE WAS OR NG CAUSE OF		MONTH DAY YE	AR 21c. HC	W INJURY OCCUP	RRED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR PAR		
TAAAET	MEDI	21d. INJURY C WHILE AT WORK			OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	14.	CITY OR TOWN	COU	PITY	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	24. FU	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIT PECRY) REAL, CREMA' PECRY) NEAL DIRECTOR	NAME VI	rginia L. 23b. DATE 9/29/8	Dolan, M.E	EMETERY O	Hamicide TITLE (SPECIFY) D. ASSISTE ADDRESS R CREMATORY	Undeter	Inquiry, mined manner CAL EXAMINER enn Stre ATION REGISTRAR Z5 18	COUN	9-1	I-8I
(VR A15 ME (5))	7	anatom	y Board	d B	alto., Mo	1.	UC.	T 1 19	981 Ann	an you	The same of the same of	

				STATE OF MARYLAND	//2 8	0 0 15 0
6	1	FOR - STATE	DEPART	WENT OF HEALTH AND MENTAL	HYGIENE &	22470
9		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		PECEASED NAME FIRST	WIDDLE	d'AST	20. DATE OF DEATH MON	
		1.00	ian Margaret Fra	nces 1	9	18 81 12 PAIN
	3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
		tours De	white.	MONTH DAY YEAR	11 90	MONTHS DAYS HOURS MIN.
20	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	O BALTIMORE CITY OR	OUNTY OF DEATH
-	IA	nna polis	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	anne a	2. 0.000
0	10	CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
-	30	Lunapolis	UF NOT IN SUCH FACILITY, GIVE STREET	1 1 Ha 11	(TYPBOF WORK FOR MOST OF WO	6- 11
-0		UAL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Housewi	TE Home
31	130	STATE 136 CO	0 0			0
	14.1	FATHER'S NAME	.A. mnapo	15 MOTHER'S MAIDEN	10-1 9CV	ern Hvenue
13	10	FIRST	MIDDLE C. LL LAST	FIRST	MIDDLE	- CAST
	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECL	RITY NO. 17 INFORMANT	ADDRESS 3	loppom
/			GIVE WAR OR DATES)	こうけって しょし	39	88 Hilltop Lane
The m	-	140	AQU-36*	DAM JOUR CO	ns Ho	napolis muzius
		PART I. DEATH WAS CAU		dead black	la Vivie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		11111 GIMMED	IATE CAUSE (a)	our Heart	areasi	
		7777	DUE TO, OR AS A CONSEQUI	INCE OF A DE	ilase	
110		Conditions, if ony, which gove rise to immediate	(b)	- 11047 100	-case	
		couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
		DARTO OTHER CIONWELL IN	(c)	1 1 1		
	Z	PART 2 OTHER SIGNIFICAN	TONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	Ma nutrizion	ON GIVEN IN PART 110
7	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED
No Sound	/) 달				IN IN	CERTIFYING CAUSES OF DEATH?
2	1 2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	YES NO
9	C 1	OR CONTRIBUTING CAUSE OF		AY YEAR	Terret of the second	The state of the s
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
	×	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		27x I certify thor(i) (the be	spital) attended the deceased from _	8-30 198	9-10	3 18 (11)
		saw the desent distinct	on/ 1 9+10 168	3 1	,	and hour and from the couses stared
		22h SIGN APPRO	ruft; view/the body after death	DEGREE	,	22c. DATE SIGNED
		11011	All I da sa de.	AA / ATTENDING		0 1
,		22d. PHYSICIAN'S NAME THE	PE OR PRINTI	22e ADDRESS	DIRECTOR PHYSICIAN	13est, 10, 1981
1		10 LI 01	lovandon	おもいい	1 b C	P. V mil
1	73-	BURIAL, CREMATION, REMOV	AL 23b DATE 23ch	INVICINE T	RY 123d LOCATION	erna lark, IIII
	100	PECIFY)	Cotin Mail	AME OF CEMETERY OR CREMATO	CITY OR TOWN	- COUNTY STATE
	24	FUNERAL DIRECTOR	Debila HAIL F	lillcrest	DATE REC'D. BY REGISTRAR 255	S SIGNALISE LA.
	1	WAME	ol Chapel An		FP 1 5 1981	mu fall
	110	oving runger	MI LICHOL HA	TIGONII IIIII	MER 13 1301	- hr ser Year All

AND YES TO SEE THE SECOND OF THE SECOND SECO AM AR Education Taxos Hill 1881 to 148 / 1 - 15

ELIZABETH A. LEWIS SEPTEMBER 12, 1981 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHY DAY YEAR 7. P. 3 YRS.	EDT 16. HOUR 9:30 P MIF UNDER 24 HRS HOURS MIN.
ELIZABETH A. LEWIS SEPTEMBER 12, 1981 3 SEX 4. RACE 5. DATE OF BIRTH MONTH DAY Female WHITE 12 10 87 93 YRS.	FUNDER 24 HRS HOURS MIN.
Female WHITE 12 10 87 93 YRS	HOURS MIN.
	MD
70. BIRTHPLACE (STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY	MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF	BUSINESS OR
GLEN BURNIE NORTH ARUNDEL HOSPITAL Machine oferater form	ent mts
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS 136. STREET ADDRESS 103 LINCOLN AVE.	0
De la last middle fetterhof	-
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT' ADDRESS 191.148528-A Rhoda Myers 103 Lincoln Ave. Glor	U BU(A)
AND	TE INTERVAL SET AND DEATH
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSOURN COPY COPY COPY COPY OF THE PRINT OF STATE O	v
190. Date of Operation 190. Condition for which operation was performed 200. 2	S USED F DEATH?
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PHYSICIAN LY DIRECTOR LY PHYSICIAN LY	2/01
276 PHYSICIAN'S NAME (TO DO THE STREET OF SUBONG, M.D. 276 ADDRESS 7951 Oakwood Road Glen Burnie, Maryland 21061	,
BP 230 BURIAL, CREMATION, REMOVAL 131 DATE 230 NAME OF CEMETERY OR CREMATORY COUNTY	STATE
DHMH-1650M1/BI (VRA 15, 4) Raymond C. Fink Glen Burnie, Md. 24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md. 250 DATE PEC'D. BY REGISTRAR 255 PEGISTRAR 255 PEGISTRAR 255 PEGISTRAR 256 PEGIST	134

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- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	Ki.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rGIENE 8 1 2	2 4 9 3 FDT
X		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76. HOUR
/		RAYMOND	LEO	LONG	SEPTEMBER 29, 1	
7	3. SE	male	white	Nov. 29, 191	6 AGE (IN YEARS LAST BIRTHDAY) 6 4	MONTHS DAYS HOURS MIN
25		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNT ANNE ARUNDEL CO	
54	GI	ITY OR TOWN OF DEATH LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL HO	DSPITAL	120 USUAL OCCUPATION (1996 OF WORK FOR MOST OF WORKING TO POST OF THE POST OF	12b. KIND OF BUSINESS O
35	130	MD 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE AA GLEN BU	rnie YES NO XX		Rd.
120	14 F/	Hunter Hunter	N. Long	15. MOTHER'S MAIDEN N	AME	(unknöwn)
medical		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, C)	RMED FORCES? 166 SOCIAL SECU	4494 Mr. John	R. Long (son)	Glen Burnie
s ony injury, or other trour	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	Verting in	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0) S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Show	RTIF				YES NO Y	ES NO
Item 18	ICAL CE	?]0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
n 21 is m		saw the deceased alive ar abave, (I) (we) (did) (did no	ital attended the deceased from	, 19, and that in (my) (aur) apinia	n death accurred an the date and ha	19, that (I) (we) I ur and from the causes stated
ANT: If Bem		THE SIGNATURE	Sy- n. 1)		MEDICAL STAFF DIRECTOR PHYSICIAN	124 DATE SIGNED
IMPORTANT: IF		ALEJANDRO MON		707 OLD ANN	BURNIE, MARYLAND IAPOLIS ROAD	21061
		BURIAL, CREMATION, REMOVAL Crematio	BO Sept 81 23c N	AME OF CEMETERY OF CREMATORY PROCES	s Catonsville,	Balt., MD
1/B1		mgleton Fune	ral Home, "Gie	n Burnie,MD	ATE REC'D. BY REGISTRAR 256. REGIS	TRANSIGNATURATE

the attending physician and campletely filled in by remove carbanpapers. Pages 1 and 2 shauld be fill a

injury, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician IMPORTANT: If them 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	E.D.T.
	ECEASED NAME FIRST	MIDDLE	LAST		EAR 26 HOUR A
1	Columbi	.a Georgia	LOWMAN	SEPTEMBER 24, 1981	5:10 A.
3. SI	EX	4. RACF	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
	Female	White	Aug. 12, 1910	71 YRS MONTHS	DATS HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEA	TH
	Virginia	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL COUNTY	MD.
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION		IND OF BUSINESS OR
1	GLEN BURNIE	NORTH ARUNDEL I		HOUSEWIFE INDU	OWN HOME
USU 13a	JAL RESIDENCE (IF NURSING HOME C STATE 13b, COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N . 134 INSIDE CITY LIMITS?	122 STREET ADDRESS	
N		A. Glen Bu	irnie YES NOX	130. STREET ADDRESS Linden Av	enue
14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
	Unknown	Carne	eal	Un ^m known	LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	M (201		iberty Ln
	No	N/A 212.07	.1007 MR. JOHN N	M. LOWMAN, Mariett	a GA.30062
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line to (a), (b), and	d(c).)	D - / - D (DET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		TE CAUSE (a) Recei	new Ventina	is tades and	
18	3749	DLT TO, OR AS A CONSEQUE	NCE OF 1 1 Da	00 = 0 = 1	
	Canditions, if any, which	((b) MCG	af Valnue	lenon !	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
	underlying cause last	(c)			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	EATH BUT NOT DELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PA	RT Ita
CERTIFICATION	CAI	- Clean	us a -		
FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 201 IF YES, WERE F	
E	71g ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Tale HOW INTURY OCCURE	YES NO YES	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	21f LOCATION		
ME	WHILE TO SHEW IN	AT HOME, STREET, FACTORY, OFFICE, F.		EITY OR TOWN COUN	ITY STATE
	AT WORLD	intal) amonged the declared from	9/1/19	9/24/11	
	from the decembed alive of	71/23/1 10	and that in (my) (aur) apinion (death accurred on the date and have and fra	m the source stated
	77W SIGNATURE	at) view the bady after death	DEGREE		DATE/SIGNED /
	11 110 12	X 1 15/1/0		MEDICAL STAFF DIRECTOR PHYSICIAN	2/24/8/
1	THE PHYSICIAN'S NAME TOP	demont 1	228 ADDRESS		12 Vol
	TORGE B. RA	MIREZ, M.D.	/845	OAKWOOD ROAD, SUITE	
	Il bridgen not 100	citizating in the man	GLEN	BURNIE, MARYLAND 210	101

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR UNERAL HOME DARESS MARYLAND

23s BURIAL CREMATION, REMOVAL

urial

(SPECEY)

^{23b. DATE} Sept • 26 7/1981

MEADOWRYEBGER CREMATORY MEMORIAL PARK GLEN BURNIE,

23d. LOCATION
CITY OF TOWN
ELKRIDGE,

HOWARD, MD.

25a. DATE REC'D 5 1981

Jul W DEFE SAME - TAD STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 28 DATE OF DEATH MONTH

SEPTEMBER

Manager

YEAR 26 HOLLR

TYPE OF PRINT	FIRST	MIDDLE Kiner	LAST
(The On Princip	HELEN	KENNERX	LUBINSKI
3 SEX	4 RACE		5. DATE OF BIRTH

ept. 10

1914

6. AGE (IN YEARS LAST BIRTHDAY) 66

1981

IF UNDER 24 HRS

To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY Manuland

MARRIED NEVER MARRIED WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH

ANNE ARINDEL

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) MDUSTRY nack Ban

GLEN BURNIE

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS NORTH ARUNDEL HOSPITAL Anne Arunde

13d INSIDE CITY LIMITS?

DIVORCED

130 SIREFT ADDRESS Pine Drive 15. MOTHER'S MAIDEN NAME

lanuland John

FOR

REGISTRAR

- STATE

3 SEX

HE YES GIVE WAR OR DATEST

Monton

Tulia

ADDRESS

MIDDLE

Gillard

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OF UNKNOWN

No

166 SOCIAL SECURITY NO

Pasadena

17 INFORMANT Mr. Andrew M. Lubinski

Same as #13

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost

DUE TO, OR AS A CONSEQUENCE OF

O DEATH BUT NOT REVALED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

190 DATE OF OPERATION

196 CONQUION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Lu F.H. Mtn. & Tick Neck Rds. Pasadena, Md.

huases 20g AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

COUNTY STATE

220 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ above, (1) (we) (did) (did not) v 22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED

CENAP S. DORKAN, M.D.

22e ADDRESS

STREET

21061 HOSPITAL DRIVE GLEN BURNIE, MARYLAND

Burial 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Glen Haven Men.

23d LOCATION

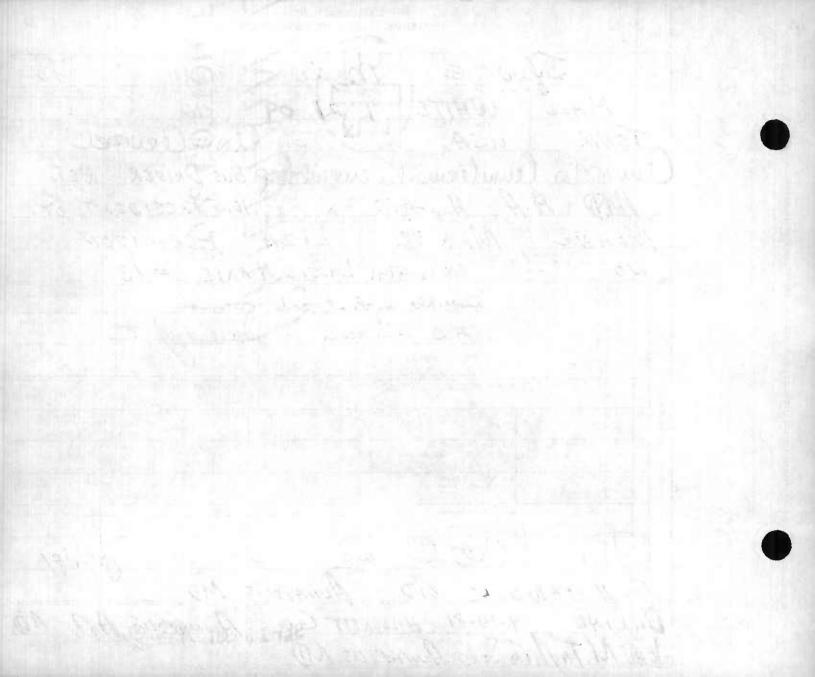
230 BURIAL, CREMATION, REMOVAL 23b. DATE

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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D		1.	FOR STATE	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY	GIENE 8	22	. 9 6
			REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.	
	t3 be	I. DE	CEASED NAME OR PRINT)	MIDDLE E.	n	Tallie)	20. DATE OF DEATH 9/10/8	MONTH DAY YEAR	12
	You Hand	3. SE	× AJ O	RACE	S. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	
	e de	70.8	RTHPLASE WHITE OR FOREIGN 7h	CITIZEN OF WHAT COU	E 1	21 09	72	YRS.	
	deoth. Poge		TENN.	USA.	MARRIED WIDOWED	NEVER MARRIED DIVORCED D	CONNE	RCOUNTY OF DEATH	MD.
-	offer o	0.0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, I		OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126. KIND OF WORKING LIEE INDUSTR	OF BUSINESS OR
02120	t hours	USU Ua.	AL RESIDENCE VILLE COUNTY	TER INSTITUTION GIVE RESIDENCE 134 OITY O	E BFFORE ADMISSION) R TOWN	13d INSIDE CITY LIMITS?	130 STREE ADDRESS	NOCK K	11
ILANI	ho 2	12 F	17. /	4 HNR	APOLIS	YES NO I	1013 PRE	SIDENT	ST.
MARY	and 2		MOANE MID	MAX"	3 7	LIZA	MIDDLE	6-450N	y/s
BALTIMORE, MARYLAND 2120	e execu	16a V	VAS DECEASED EVER IN U.S. ARME VES NOOR UNKNOWN) (IF YES, GIVE W	D FORCES? 16b SOCIA	L SECURITY NO.	LASSIE /	MAVIC	# 13	
BALTI	te b		18 CAUSE OF DEATH (Enter only o	one couse per line for (o),	(b), and resident	LHSSIC VI	MAIS	AUTOMIE	DEMINITE RIPERVAL NI CINCET AND DEATH
ST.,	£ 6 6 6		PART I. DEATH WAS CAUSED B	Y: Q-11.	le apl	w carre	annon		
ESTO	e deoth ce nove carb ation, or r traumatic	70	Canditians, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF	sein my	reality	fre	
W. PRESTON	that the a d by the a ease remo al, cremati		gave rise to immediate couse in stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	0	0	Igna be	Parting?
DIVISION OF VITAL RECORDS, 201	ple d		PART 2. OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	1(a
ORD	ree in T	ATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS DEDECTRATED	20a AUTOPSY?	20b. IF YES, WERE FIND	This course
AL REC	he to on.	CERTIFICAT	THE DATE OF OPERATION	THE CONDITION TOR V	WHICH OF ERATION	WAS PERFORMED	YES T NOT	IN CERTIFYING CAUSI	ES OF DEATH?
F VIII	SICIAN: The Ing physicion. certificate has unial-tronsit per tental Hygiene Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR			
O Z	PHYSICIA tending ph this certifi he burial-tr and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
IVISIO	Offer the sthe sthe	Me	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY		STREET	CITY OR TO	WN COUNTY	STATE
۵	NDIN Se projection of the second of the seco		220 I certify that (I) (this hospital)			. 19	ta		, that (I) (we) lost
	ATTE ospite cospite co		sow the deceased alive on the library (d) (we) (did) (did not) (vi	the body ofter death		that in (my) (our) apınıan	death occurred on the do		
	Y the ho Y the ho RAL DIRE: ote Dept:		ALS U	(stid	I m	ATTENDING PHYSICIAN	MEDICAL STAF	F 1/	E SIGNED
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	retoined TO FUN should b with the	73n F	URIAL, CREMATION, REMOVAL	DDLS LOATE	1 V	METERY OR CREMATORY	THE EOCATION		
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Gonce 4001 Ritchie Hgwv

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	fr	FOR - STATE REGISTRAR		DEPART	MENT OF F	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO.	2 4	9 8 EDT
		CEASED NAME FIRST		MIDDLE	112	AST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
page 3	1	FLOR	ENCE	м.	MCC	CLYMONT	SEPTE	MBER 19,	1981	3:45 P
may bod .	3. SE		4 RACE		5. DATE (ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 mi director. p hours after.	L	Female	Whix	te	Aug	6, 1895	89	5 YRS	MONTHS DATS	HOURS MIN.
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filled is avid be	JUSU 13a,	AL RESIDENCE (IF NURSING HOME	or other institution	CIVE PESIDENCE BEECO	E ADMISSION)	13d. INSIDE CITY LIMITS?		Payside B		
ampletely 1 and 2 sh	14 F.	Unknown	WIDDLE	Welsh		15 MOTHER'S MAIDEN		WIDDLE	LAS	
an and c	160 \	VAS DECEASED EVER IN U.S. YES, YO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES!	215-24-		Mrs. Marie		address Same	as #13	
he low requires that the deat on. has been signed by the atten t permit. Then please remove c tene prior to burial, cremation, ows any injury, or ather trauma	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	(c)	R AS ACOMSEOUI	ENCE OF	NOVOELATED TO THE TE	200. AUTOP	SY? 20b IF YI	IVEN IN PART 1.6	NGS USED OF DEATH?
G PHYSICIAN: TI offending physicial er this certificate s the burid-transit and Mental Hygi ked ar Item 18 she	MEDICAL CER	?1a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHILE WHILE AT WORK AT WORK	P PLACE	M. MONTH DA	19	211. LOCATION	PRRED (ENTER NATU			STATE
R ATTENDIN haspital ar IRECTOR: Afi hed far use or ept. af Health tem 21 is mar		220. I certify that (1) (this has saw the deceased alive above, (1) (we) (AVd) (did				of that in (my) (our) apinio	n death accurred	on the date and ha	our and from the o	that (1) (we) last couses stated
TO HOSPITAL O retained by the TO FUNERAL DI Should be detail with the State De IMPORTAL IF II	-	ANASTACIO E.		\$.D.		ATTENDING PHYSICIAN 22e. ADDRESS 7951			9/0	20/01
BP	(URIAL, CREMATION, REMOVA SPECIFY Burial	AL 23b. DATE	23c. N		METERY OR CREMATORY Le Nat' 1 (em. 11122 (256. D.)	23d. LOCATI		o covia	, Nd.
DHMH - 16 50M 1/B1 (VRA 15, 4)	Me Me	Cully F.H.Mt	r. & Tidk	Neck Rds.	Paso	1122 Pos. D. John S. F. Standard S. F.	ATE REC'D, BY REC	GISTRAR 29 REGIS	TAMAS SIGNAS	and the

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10		1.	FOR - STATE	DEPAR	TMENT OF HEALTH AND		0 1	to be of	1 1
			REGISTRAR		CERTIFICATE OF I	DEATH	REG. NO.		
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	y be age 3 death	(114)	Richard	R	M- Cm	nc Sc	9	7 8/ 2	50
	de de	3 SE		RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)		INDER 4 HRS
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	deoth.		COUNTRY	1150	MARRIED NEVER	MARRIED -	$\overline{\bigcirc}$	\ I	
		10.C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURS		VORCED 120 US	nne Hru	LD CE BU	MD.
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0 2	24 ho	130. 5	STATE 136 COUNTY		WILLEY 13d. INSIDE C		REET ADDRESS		
NA N			DD Ht	Hartop	YES T		68 Hones	suckle 1	Drive.
ARY	d 2 d d 2	14 17	THER'S NAME	DLE LAST	15. MOTHER	S MAIDEN NAME	MIDDLE	LAST	
×	campletely and 2 sh		John R	n ccro	one Li	Ilian		Dixo	n
ORE	n and c Poges		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMA	NT	ADDRESS	Same as	3
BALTIMORE, MARYLAND 21201	rs. Po		No -		2-2054 Joan	na B.Mc	Crone	#13	
BAL	0 0 0 - +		18 CAUSE OF DEATH Enter only	one couse per line for (a), (b),				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	# C F >		PART I. DEATH WAS CAUSED I		IGC ATY	rest			
NO	4 600 to		4149	DUE TO, OR AS A CONSEO	LIENCE OF	1 ~	1-1		
EST	the death controlled the attending remark corb emotion, and entraumotic	1	Conditions, if ony, which		luc an	nhymlhu	9		
oc a.	th th		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	JENICE OF	7			
3	the sex of		underlying couse lost.		vary ar	ery di	lease	450	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	2 2 2 2		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITION (GIVEN IN PART 1(n)	
RDS	the transfer of the transfer o	NO O							
8	n. hos beer permit. ne prior	A P	190 DATE OF OPERATION	196, CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED 200		YES, WERE FINDINGS	
1 2	hos hos	CERTIFICATION				YES	_ ~	TIFYING CAUSES OF E	DEATH?
1	SICIAN: The physicic certificate in certificate ental Hygic from 18 septical from 18 septic	ĕ	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN		TER NATURE OF INJURY IN ITEM		
A O	SICIAN: ng phys certifica uriol-tror ental Hy Item 18		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH I	DAY YEAR				
O	PHYSIC ending this cer ie burio id Ment d or Iter	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATIO	ON			
N SI		ž	WHILE NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET		CITY OR TOWN	COUNTY	STATE
۵	DING P or affer the se os the calthonormorked	-	220.1 certify that (1) (this haspital	ottended theederaged from		10 79	9/7	10 81	- · · ·
	OR ATTENDI one hospital or DIRECTOR. A oched for use Dept, of Heal		sow the deceased take on_	9/5 19	5 ond that ig my	Jur) opinion death of	curre on the date and h		(I) (we) lost
	DR ATTEN hospital DIRECTOR ched for u Dept. of Hi		22h AIGNAFIRE did idid not v	new the body after death.	DEGREE	1.		22¢ DATE SIGN	
	TAL OR A the hosy the hosy detoched ate Dept.		And IV. Cin	1 1 600	- Watte	TENDING _ MEDI	CAL STAFF	A 191	01
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	o HOSPITAL etained by th TO FUNERAL should be deta with the State MAPORTANT:		1/a N	-TV/1/1/	2-05	- 0:1	/. M.	16. 1	in wal
	O HOSE TO FUN Should b with the		r Oregory /	luchell	7 9	Mage	19 me	rinngul	U, WT
		10	SPECIFY)	23b DATE 23c	NAME OF CEMETERY OR	CREMATORY 123d	CATION	COUNTY	STATE
	BP	1	2114	1891, 41981 H	illcrest Cen	netoty little	nonal share	Harland	ND
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	INERAL DIRECTOR	ADDRESS		238 DATE REC D.	BY REGISTRAR 256 REG	ISTRUS SIGNATURE	
	(VICA 13, 4)	10	ylor Tuneral (hapel Anna	polis,mu				
		-							

The returned lating of Language O. A. calographic word with a special of the state of the stat nexil Maria 6.8 - Element ret matter of the court of the land Toylor Turneral Chapal Dona police mu - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH E.D.T. REG. NO

REGISTRAR L DECEASED NAME FIRST LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINTI MCKEE SEPTEMBER 8, 1981 2:40 PM 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 90 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED ANNE ARUNDEL COUNTY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFFT SHOZ FAZTORY NORTH ARUNDEL HOSPITAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS STEEDMAN NO D YES T 15. MOTHER'S MAIDEN NAME FIRST LAST 17. INFORMANT BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 21f. LOCATION CITY OF TOWN COUNTY STATE and that in (my) (see apinion death occurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 205 BALTIMORE-ANNAPOLIS BLVD

DHMH - 16 50M 1/B1

24. FUNERAL DIRECTOR (VRA 15, 4)

(SPECIFY)

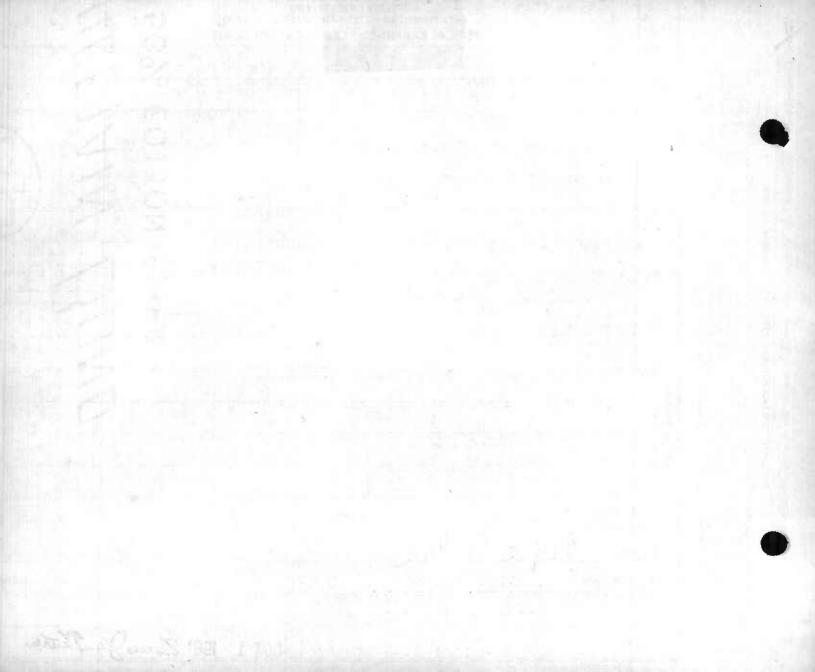
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8800 HARFORD RCFP 17 CHAPSI

COUNTY

GLEN BURNIE, MARYLAND 21061

23d LOCATION

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J. P. J. P. S.		CEASED NAME FIRST E OR PRINT)		MIDDLE		LAST		OF ESTI-		DAY YEAR	26 HOUR
FREET,		KE	NNETH			ERS) Mea	rs D	EATH MATED [9-26	5-819	м
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDE	MIN. PROI	DATE	MONTH	DAY YEAR	2d HOUR 5:23
1		male black	9 26		RS.			DEAD		5-8119	P. 23
11	Jo. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MAR	RIED X 9. BA	ALTIMORE CITY	OR COUNTY	OF DEATH	P
0		Md	USA		WIDOW	/ED DIVOR	CED [ARIPA IN	ındal C	ounty	MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM DUTY, GIVE STREET ADDRESS)	E, OR OTH	IER INSTITUTION	12a. USUAL C	OCCUPATION (17) OF WORKING LIFE)	PE OF WORK	OR INDUST	JSINESS RY
1		ltimore	Kimbroud	h Army Hos	pita						
	OSUA 136. S	L RESIDENCE (IF IN NURSING HOME OF TATE 134 COUN	DROTHER INSTITUTION, GIV ITY	13c. CITY OR TOWN	ION)	13d. INSIDE STY LIMITS?	13e STREET A	DDRESS			
5		Md V		Baltimo	re	YES NO 2	2526	Boarma	an Ave	enue	
0	14. FA	THER'S NAME EIRST	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
U		arles		Mears		Annie			Thor	mpson	
	16a. V		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRES	S		
1		No		N/A		Donald	Holmes	_2526 H	Boarma	an Ave	nue
		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	D 8V		1707					APPROXIMAT	T AND DEATH
			TE CAUSE (a) Pe	entazocine	Into	deation					
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL C		2071	DUE TO, OR	AS A CONSEQUENCE	OF						
N N	-	Conditions, if ony, which gove rise to immediate									
3		couse (o) stating the <u>under-</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF	1000				100	
7.4			(c)								
	2	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	AINAL DISEAS	E OR CONDITION GIVEN IN F	ART 1 (e).			1	
4	CERTIFICATION	19a. DATE OF OPERATION	Trai contra	ION FOR WHICH OPER	147101114	LLC DEDECORMENA				I company	
1	ICA	190. DATE OF OPERATION	IVE CONDII	ION FOR WHICH OPER	KATION W	AS PERFORMED?				28 AUTOPSY	
4	RTI	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTELLED	21. 14	OW/ INTUINING OCCUPA				YES XX	NO []
4	TCE	UNDERLYING OR	HOUR A.M.	MONTH DAY YEA	R	OW INJURY OCCURE	CD (ENIERNATUR	C OF INJURY IN ITEM 11	BPARLLOR PART	2)	
1	MEDICAL	CONTRIBUTING CAUSE OF E		19 FINJURY (ATHOME,	21(10	CATION					
	ME	WHILE NOT WHILE		ORY, FARM, ETC.)		STREET	CITY	OR TOWN	COUN	ITY Y	STATE
		AT WORK AT WORK				177					
		22a I certify that I toak charg	e of the remains desc	ribed above, held on	Autap	sy Inspecti	an 🔲 , 🛮 In-	quiry 🔲, _a	and in my opin	lion	
		death resulted from: Notur	ral couses	Accident . Su	ricide	, Homicide	Undetermin	ed manner	,		
		ACTUAL MANA	lo de Al	Uha Da		TITLE (SPECIFY)			DATE	0 07 0	-0.5
-		SIGNATURE WWW	tare Mile	C POUL	м	Assistant	MEDICAL	EXAMINER	DATE SIGNED	9-27-8	1
2		EXAMINER'S NAME						AL 1			
		(TYPE OR PRINT)Mar	<u>garita A.</u>	Korell,M.D		ADDRES 11 Pe					
	23a.Bl	Urial Urial		23c. NAME OF CE			23d. LOCAT CITY OR TO	WN _	COUNT		TATE
		ULTAT	10/5/81	Mt Cal	vary		Y Anne	Aruno		O GNATURE A	Md
-	Wi	NAME	ADDRESS	A D N	n 1			204 21	()/	Tail	lenc
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A LONG BY SECTION OF STREET Acres Acres Line FIVE METERS AND PRIVATE PROJUNCE COLDS WITH COLD COLDS NU PRESENTED IN THE STATE OF TH EVER SERVED TO THE SERVED TO SERVED

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	3 SE	Male	4.	RACE	e	S. DATE O	BIRTH 200	1912	6. AGE (IN YEARS)	(AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
dmonth of the state of the stat		COUNTRY A.		US F	7	WIDOWE		ORCED	BALTIMORE	e H	runde,	/ MD
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ampletely 1 and 2 sh		ATHER'S NAME	1k /	7. 1	4. let	0		enic	2	DOLE MC	sute ro	52
on and co		WAS DECEASED YES, O'OR UNKNOW	EVER IN U.S. ARMI	ED FORCES? NAR OR DATES) 2	14-05		MILLIC	ent A	Mileto	ADDRESS #	+13	
i certificate ding physici or removal. fic event, th		18. CAUSE OF PART I. DEA	DEATH (Enter only ATH WAS CAUSED IMMEDIATE	CAUSE (o)	Deino	MU.	04/	2010	tate		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
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equires the a signed by Then pleas ta burial, injury, or o	NOI		R SIGNIFICANT CO	ONDITIONS CONT	RIBUTING TO	DEATH BUT	OT RELATED TO	O THE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART 110	the of
the low re low re low. It bermit there prior hows ony it	CERTIFICATION	19a. DATE OF O	PERATION	196 CONDITIO		FOPERATION	WAS PERFORM	AED .	200 AUTOPSY	_ IN CER	YES, WERE FINDING RTIFYING CAUSES YES [ds USED OF DEATH?
og physici og physici certificate rial-transil entol Hygi ftem 18 sh	EDICAL CE	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	21b. TIME OF IN HOUR A.M. P.M.		AY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE	DF INJURY IN ITEM	18, PART 1 OR PART 2)	
offer this as the but the order or the ord M	MEDI	21d. INJURY OC	COURRED	21e. PLACE OF I		FARM, ETC)	211 LOCATION STREET		CIT	ORTOWN	COUNTY	STATE
Spirol or SCTOR: A d for use 1. of Health		sow the deabove (4)	ot (I) (this hospital eceased alive an we) (did) (did no)					ur) opinion de	oth occurred on	the date and 1	hour and from the c	hor (we) lost couses stoted
yy the ho yy the ho detoched tate Dept		22b. SIGNATUR	# m	felel	m	2 °	PH	ENDING YSICIAN -	MEDICAL DIRECTOR P	STAFF HYSICIAN	224. DATE S	IGNED 25-81
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		STATE REGISTRAR			MEDICAL EX	AMINER'S	CERTIFICATE	OF DEAT	TH REG	. NO.		
		CEASED NAME	FIRST	E INT	MIDDLE		LAST	20	DATE KNOWN	N MONTH	DAY YEA	AR 25. HOUR
2 4 4 8 A			Pet	er	Rice		Murchake	43	OF ESTI-	xx 9	2019 8	1 4
(2)	3. SEX	CALLET	4 RACE	5. DATE OF B	DAY YEAR L	GE (IN YEARS IF UN			C. DATE RONOUNCED	MONTH 9	21 8	1 3:00
A COOK		ale	white	May	28 1955	26 YRS.	TIS DATS HOOKS		DEAD		19	DM M
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IS NECESSARY. RE FUNERAL DIF RE S FOR Y RE S FOR Y THE RESIDE	L	kishin	2U, rots	l	LSA	WIDOV				Arunde		MD.
A A GE	A	TY OR TOWN	115	(IF NOT INS	FHOSPITAL, NURSIN UCHFACHITY, GIVE STREET 164 Gatewa	G HOME, OR OTH ADDRESS)	HER INSTITUTION	FOR MC	AL OCCUPATION DIST OF WORKING LIFE)	(TYPE OF WORK	OR INDU	BUSINESS
DS SS —		oapc 3	ororan		ON, GIVE RESIDENCE BEFORE	*		Dourr	reymon M	lechanic	HEATIN	Jumpit 2
The American Is NEG 3. Refault Brees 5 Street 19 W. P. A. P. Records, 201 W. P. C.	130. S	ATE	136 COUNT		13c CITY OR		13d. INSIDE CITY LIMITS?	13e STREE	ET ADDRESS		0)	
2 S.	14 F/	THER'S NAME	- H	H	Hone	ipolis	YES NO	1	4 Gat	ewar	1 Kd	
DEATH PAN	1	FIRST		MIDDLE	M. LAST	- 1/-	FIRST	4	MIDDLE		LAST	
A PAGE	16a. V	AS DECEASED	EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	10	ADDR	ESS 101	RICE	100
T., BALTIMORE, WE SURE SAFER DEATH IF 18. GIVE PAGES 1 2. WITH FORM PM 3. WITH PAGES 1 AND 2 SH PAGES 1 AND	(Y)	5, NO, OR UNKNO	WN) (IF YES, GIVE V	VAR OR DATES)	2141	1-3841	Virginia	· m.	rchake	121	rwood	9 100
URS 8. G	F	18 CAUSE O	F DEATH (Enter onl	y ane couse p	er line for (o), (b), one	(c).)	TAMETIME		renance	TRA	APPROXIA	AATE INTERVAL
PRESTON ST ITHIN 24 HOI CIL IN ITEM 1 HER ALONG ANSIT PERMI AL HYGIENE REMOVAL.		PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)_	Gunshot	wound of	Head	Weapo	on: Rifle	b	BETWEEN O	ISET AND DEATH
STO N 24 N 17 PE		953	5-2		O, OR AS A CONSEG	UENCE OF					5 0 00	TELET.
CIL JUTHIII NER YAL Y	-	Canditian gave ris	s, if any, which	(b)_			enkila in m					
PEN		couse (a) lying cou	stating the <u>under</u> -	DUETO	D, OR AS A CONSEQ	UENCE OF						HOIR S
RDS, 201 V EXECUTED NG" IN PI NBURIAL- H AND MEI WATION, O				(c)_								
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR FE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, O, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTING TO	OEATH BUT NOT RELATED T	D THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (g).				
REC PEN ME D AS L, CR	CERTIFICATION	19a. DATE OF	OPERATION	19b CC	ONDITION FOR WHI	CH OPERATION W	/AS PERFORMED?				2D. AUTOP	SY?
SHOULD ORD "PE CHIEF N E USED A URIAL, CHIEAL,	IFIC										YES .	
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AND A CHAN		deoth resulte	0.30906	100	, Accident	. Suicide	^^		mined manner	7.	Pillott	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA		(TYPE OR PRIN	IT)	ormez		MD.	ADDRESS		Street,B	altimo	re, MU	
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(VR ATS ME (5))	TO	Alor L	uneral	Chap	el-flona	PO115,11		B1. 40	1001 0/24	new	San / fai	There

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	Y IS	10 C	TY OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NUF ACILITY, GIVE ST	RSING HOME, REET ADDRESS)	OR OTH	er institutio	N 12a. U	SUAL OCCUPATION MOST OF WORKING I		12b. KIND O OR IND	F BUSINESS USTRY
	AGES 1, 2, AND 3 TO THE FURTHER PARTY IS AND 3 TO THE FURTHER PAGE 1 AND 2 SHOULD BE FILED.	A	napolis		107 M	ontas	edy o kre	enue	Ave		Housewi	fe	Hon	
5	PETA 3	13a. S		13PL CORN,	R OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN	J)	13d. INSIDE CITY L	IMITS? 13e S	TREET ADDRESS			
.212	AND 3		Md.	V A . I	Λ.		apolis	3		NO [] [7 Monti	cello	Avenu	e
W W	H. I.	14. F/	THER'S NAME		MIDDLE	4-7	LAST		15. MOTHER'S	MAIDEN NAM			LAST	
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BALTIMORE, MD, 21201	URS AFTER B. GIVE PAU WITH FORI II. PAGES 1		No	(11 125, 0172	- CR DATES)	954	-20-23	341	Gera	rd E.	Neumann	1 j	# 13	
	URS AF WITH WITH IT. PAG DIVISION		18 CAUSE OF	DEATH (Enter onl	y ane cause per line	e for (a), (b)	, and (c).)						APPROX	MATE INTERVAL
PRESTON ST.,	24 HO ITEM 1 LONG PERMI GIENE,		PARTIDEA	TH WAS CAUSED	BY:	Alcoho	lism						BEIWEEN	INSET AND DEATH
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OC OC	ANS ANS ALH REA	1		, if any, which to immediate	(b)								31/11/07	
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	ON WALE		lying cause	e lost.	(6)								7	
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURD FINE TEAM IS THE MEDICAL EXAMINER ALONG VISED AS A BURIAL. TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		PART 2 DINER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TERMIN.	AL DISEASE	OR CONDITION GIV	VEN IN PART 1 (a).				
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J.	THE THE TO BE TO B	8	210 EXTERNAL		216. TIME O		D.11/2 U.E.1.B	21c. HC	OW INJURY OC	CURRED LENTE	R NATURE OF INJURY IN	ITEM 18 PART 1 OR		
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	E. THIS CERT RWARDED: PAGE 3 SH STATE DEPA), 21201 PRI													
	A H TO S S H		100	197	e of the remains de			Autops			Inquiry []	and in my	opinion	
	REC REC //TH		death resulted	fram: Natin	110	Accident	L.J. Suici	de 📖	, Hamicide		etermined manner	,		
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23n R		ON, REMOVAL 2:					ADDRESS		OCATION	- u 1 00 . gl	10 6160	
		- (5	PEC#Y)										UNTY	STATE
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	DHMH - 17 (VR A15 ME (5))	Т	NAME	Funenal	Chapel	An	napoli	c		APL T	1 1301	1	-	
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Ter by Cunaral Chargos, Augustolis, Ed.

		REGISTRAR				CEKTIF	ICATE OF DE	AIN	RF	G. NO.		
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uge 3			PAULT		VICTOR:		ICKOLES		EPTEMBE		1981	7:24 A N
(M)	3 SE	Female	4	RACE	te	S. DATE C	DAY	1907	74	AST BIRTHDÁY)	MONTHS DAYS	
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and 2 sh		Charles	ME	IDDLE	Harde	sty	15. MOTHER'S M	Lian	E MIDI	DIE	Buckmas	AST
S. Poges		VAS DECEASED EVER (ES, NO OR UNKNOWN) (RO)		ED FORCES? WAR OR DATES)	214-18	SECURITY NO. 3-9874	Henry (oles Rt.	aleto	un, Md. ox 190 (21769
l by the attending physisose remove carbon pop of, cremotian, or removo r other troumatic event, i		PART I. DEATH V Conditions, if any gove rise ta im cause (o), stati underlying cause	WAS CAUSED IMMEDIATE y, which imediate ing the	DUE TO, C	OR AS A CONS	EOUENCE OF	arre arre	rD			BETWEEN	DXIMATE INTERVAL NONSET AND DEATH
to buric	NO	PART 2 OTHER SIG	NIFICANT CO	ASC.	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART I	10
ows ony i	CERTIFICATION	19a DATE OF OPERA	NOITA	196 COND	DITION FOR WI	HICH OPERATION	WAS PERFORM	MED	YES NO	INCE	F YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
urial-tronsit		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH			DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE O	PF INJURY IN ITEA	M 18 PART 1 OR PART 2)	
h ond Murked or	MEDICAL	21d. INJURY OCCUR	RRED		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	21f. LOCATION STREET		CITA	ORTOWN	COUNTY	STATE
for use of Healt		220.1 certify that (1 sow the deceas	sed alive on	3/3		0111	d that in (my) (ar	19 ur) apinion de	ta 9/2/	the date and	19 <u>P</u> I haur and fram th	, that (1) (we) last e causes stated
RAL DIRE detoched tate Dept		Men	- 7	Re	de	in !	DOL PH	ENDING YSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [22c. DAT	FSIGNED HO/F/
should be det		23d PHYSICIAN'S N	AME LIYPE OF	ENJAN XXXXXX	XXXX	Ò.	22e ADDRESS	517 EV	PIRE TOWN	VERS 7 21061	300 RITC	HIE HWY.
F 18 3 €	(URIAL, CREMATION SPECIFY) Burial		23b. DATE 9/29/		131. NAME OF CI Meadown		EMATORY	123d. LOCATION CITY OF TOV		Howard	Come Mil.
16 50M 1/81 RA 15, 4)		Cully Fun	reral H	ome 2	Balton,	atapsco	21225 Ave.	250. DATE	P 2 8 198		GISTRAL	Plathers

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 5,6 g560 10/8/81 gj

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	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	2 2 5 0 8
		CEASED NAME FIRST	SE K.	ODELL	SEPT.	24, 1981 831
1	3 SEX	× /-	CAUCASIAN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
31	C	RTHPLACE STATE OR FOREIGN OUNTRY) HICAGO, T]]	76 CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARU	NTY OF DEATH NDEL CO. MD.
90	CR	OFTON, MD	CRUFTON CU	ING HOME OR OTHER INSTITUTION IT ADDRESS) IN VALESCENT CNT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	12b KIND OF BUSINESS OR INDUSTRY
375	130 S	A.	13c CITY OR TOV BALA - CY	NN 13d INSIDE CITY LIMITS?	19 MAPLE	AVE.
of feature		JOSEPH	O KERR		A MIDDLE	Manning
e medico		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, give	MED FORCES? 16b. SOCIAL SEC (197-05)		CONV. CNTR	CRUFTON, MD.
injury, or other troumatic event,	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse on, storing the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) 4 9 6	helming Jagsi JENCE SPONUL Fur JENCE OF A	S PULP RMINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Soms only	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED		PYES, WERE FINDINGS USED PRIFYING CAUSES OF DEATH? YES NO
ed or Item 18 st	MEDICAL CER	216. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		DAY YEAR 19 21f LOCATION	JRRED {ENTER NATURE OF INJURY IN ITEM	(18, PART 1 OR PART 2) COUNTY STATE
Hem 21 is mark		22a. I certify the (1) (this hospi	tol) attended the deceased from. 28 Aug. 19 11) view the body ofter death.	II ond that in (my) (our) opinion	to	hour and from the couses stated
APORTANT: IF		22d. PHYSICIAN'S NAME (TYPE O HERBERT MUNCIE		MD ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	245ept8/

23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

O HOSPITAL OR ATTENDING PHYSICIAN, The etained by the haspital or attending physician TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar ren

Removal
24 FUNERAL DIRECTOR
NAME Anatomy Board

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

9/24/81

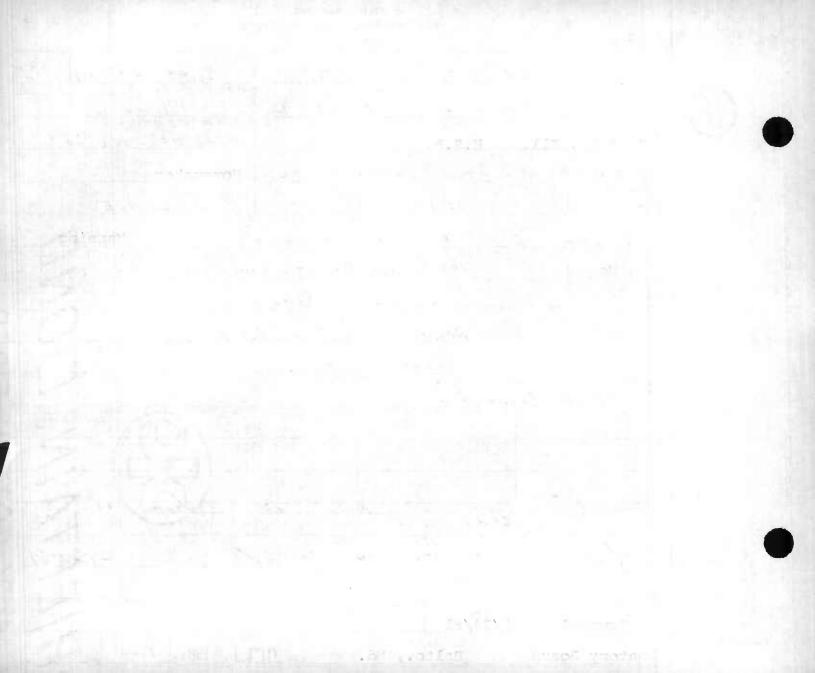
Balto., Md.

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

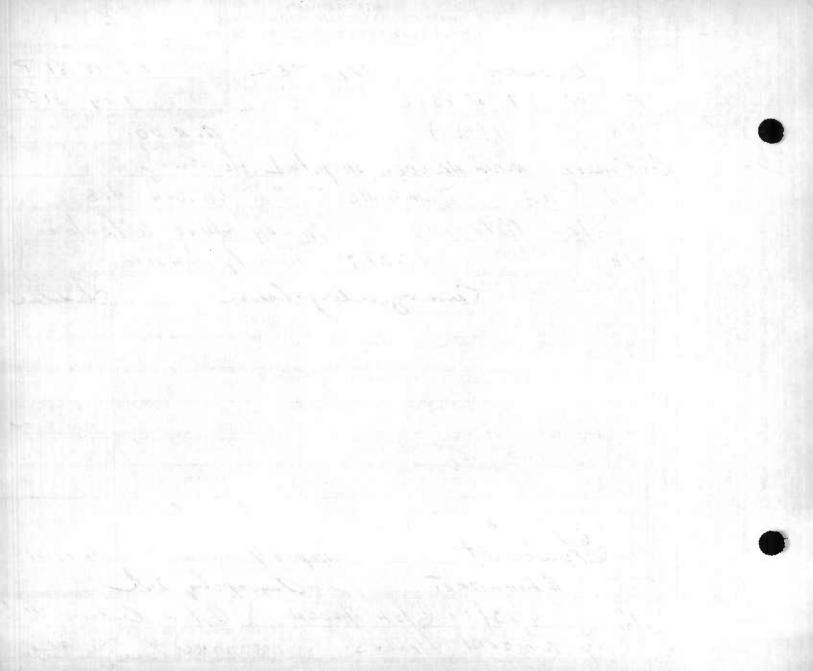
STATE



1	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 5 0 9 EDT
m.s. \		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 2b. HOUR
poge 3		JOSEP		ODEN	SEPTEMBER 10,	1981 12:31A.M.
m + mo	3 SE	Male	White	5. DATE OF BIRTH Peb. 26, 1909	6 AGE (INYEARS LAST BIRTHDAY) 72 YRS	FUNDER LYEAR IF UNDER 24 HRS
VISOI DE		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
AMAZ		ryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL CO	UNIYMD.
1 11/	1	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET. NORTH ARUNDEL H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Bar Tender	126. KIND OF BUSINESS OR INDUSTRY Self Employ
St hour	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY Anne 13c. CITY OR TOWN	ADMISSION) N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
الله الله الله الله الله الله الله الله		ATHER'S NAME	ider leten be	ITNIE YES NO A	1205 Crain Hi	giiway N.E.
completel		UNKNO		Clara	A.	Oden
be executed on and control of s. Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV PS W	E WAR OR DATEST	RITYNO 17 INFORMANT (W -9373 Mrs. Barba		ne as : 13
certificate ng physicic bonpaper r removal.			oly one couse per line for (a), (b), one D BY:	My ocareful 24	alin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	y tilling Hour	Person	Jean
ed by the please re		couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE			
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N: The low ysicion. Icote has bransit permitygiene pr Hygiene pr 18 spows on	CERTIFICATION	210 ACCIDENT WAS UNDERLYING			YES NO IN CERTIFY YES	ING CAUSES OF DEATH?
SICIAN: ng phys certifico priol-troi entol Hy ltem 18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATION COMMUNY IN ITEM 18, PAR	IT I OR PART 2)
PHYS trending tr this of the burn and Me and Me and Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F)	211 LOCATION	CITY OR TOWN	COUNTY STATE
or a Afte as alth mark		27g 1 certify that (1) (this base)	tal) altended the deceased from	76	9 710	A
ATTEN ispital CTOR: I for us of He		saw the decrased alive on object, (I) (we) idid) jdid no	401 19CF	, and that in (my) (our) opinion o	death occurred on the date and hour	ond from the couses stated
by the horby the horby the horby the horby the detached State Dept. If then		Diday FIL	2/2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
TO HOSPITAL retoined by 14 TO FUNERAL should be dett with the Stote	1	HILARY T. O'		22e ADDRESS 325 HOSPITAL	DOTTE CLEM DITO	21061 NIE, MARYLAND
5 5 5 4 × X	23o. 6	BURIAL CREMATION REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	E	Burial	9/12/81 G1e	en Haven Mem. Ph	Glen Burnie,	
DHMH-16 50M 1/81 (VRA 15, 4)	Si	ngleton Fune	Hopkin ADDRESS TAL HOME GIEN	Burnie, Md. CE	E REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT! PENDING", IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE FUNEGAL DIRECTOR. FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5, FOR YOUR FILES. ED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. THE YOUNG MEDICAL HOUSE OF POUR FILES. HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 HENKY DEATH MATED 5,30% 12019 . DATE OF BIRTH 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE PRONOUNCED 730A 108 DEAD G. BIRTHPLACE (STATE OR COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland USA DIVORCED WIDOWED WHI OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK Tree trimmer OR INDUSTRY evero A. A. COUNTY Davidsenville 13. RTREE 424 Box 23 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST EAST Compton Robert Paddy Myrtle A. "Estep Beltsville: md. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMAN (YES, NO, OR UNKNOWN) 212-4493-95 (IF YES, GIVE WAT OR DATES) Mary Anne Paddy 3578 Powder Rd. CAUSE OF DEATH (Enter only one couse per Jim IMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEGU Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURBLAITMORE, MARYLAND, 21201 PRIQR TO BURBLAITMORE, YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK irge of the remains described above, held an and in my opinion death resulted Homicide Undetermined manner TITLE (SPECIFY ACTUA SIGNATURE (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. 131 Hill crest Memo ardens BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SSIGNATIFICATION 24 FUNERAL DIRECTOR **DHMH-17** Carres Home, 1212 West St. Annp. Funeral (VR A15 ME (5) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	SAVVAS	PA	ANTELIDES	Sept.	78, 1981 5 PM
3. 5E.	male	WHITE	0 m	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	3 -01 -0	9 BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH
0	COUNTRY)	1150	MARRIED NEVER MARRI	ED - D	Rundal
10.9	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	anapolis	Anne Arundel	Gen. Hosp	RESTAURATE	RKING LIFE) INDUSTRY
USU/ 13a. S	AL RESIDENCE IN NURSING HOME OF	NTY I I I I OR TOW			57
14. FA	THER'S NAME		15 MOTHER'S MAI	DEN NAME	<i>J</i> ,
+	adiis	MIDDLE Pantel	la Irene		Palichol
	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV	VE WARD TATES) 217-14-2	2827 MAGED	DLZNA PANTZ	121028 #13
	18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), and	dicil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a)	nition		
	3352	DUE TO, OR AS A CONSEQUE	ENCE OF	1 101	
	Canditians, if any, which gave rise to immediate	(16) /- /my 0	prophic La	teral Scleros	10
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART Ita
TION	Chronice	Issorue tor Pul	Imprary Direc	n Atherosclero.	
CERTIFICA	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY		
CAL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
EDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211. LOCATION	CITY OR TOWN	COUNTY STATE
2	NOT WHILE AT WORK	TAT HOME STREET, FACTORT, OFFICE, FA	AION ETC /		
		tal) attended the deceased fram_	, 19		, 19, that (I) (we) last
		it) view the body after death.		apinian death accurred on the date a	nd haur and fram the causes stated
	22b. SIGNATURE	1	DEGREE	DING MEDICAL STAFF	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	PL DO	22e ADDRESS		9-28-11
	n Can	to m	2,75%	1- 0 12/2	
23o E	SURIAL, CREMATION, REMOVAL	23b DATE 23c, N	NAME OF CEMETERY OR CREM	ATORY 123d LOCATION	5,00,31401
1	SURIAL	Oct. 1.1981 ST	. DEMCTRIY:	TYORTOWN	18 AA. MD.
14/	WERALDING OR	Apress	, say sMr	SEP3 0 1981	REGISTRAR'S SIGNATURE
70	IN INCHANTO	K JONS HON	Margarist.		ness tan larken

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for a with the State Dept. of His MPORTANT, II Ise

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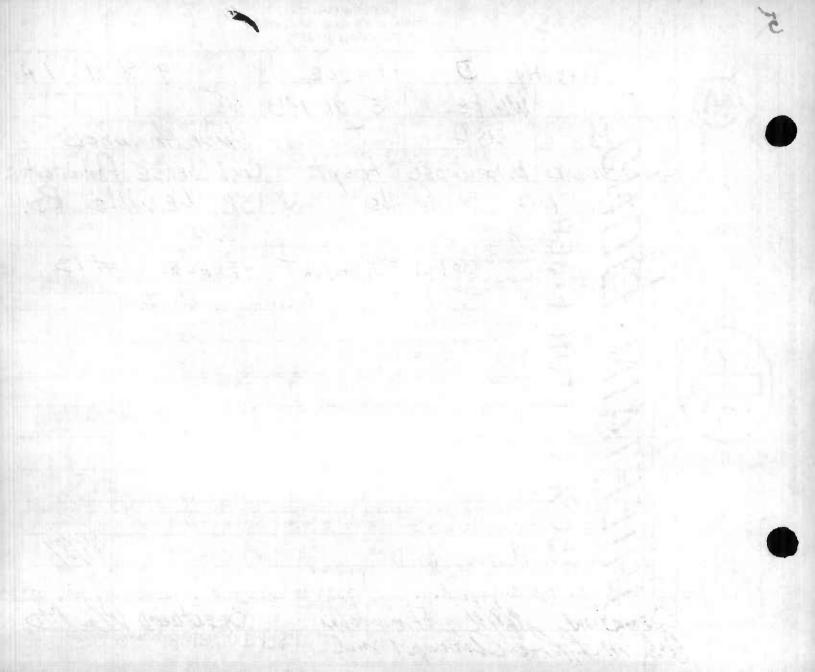
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Item 6 g559 9/16/81

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*	1	FOR - STATE REGISTRAR	DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	GILLE 8 1	2 2	5 1 4
oy be		CEASED NAME FIRST POROTH	RACE .	EARCE_ DATE OF BIRTH	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIRT	9 8 81 HDAY) IF UNDER 1 YEAR	2b HOUR AM IF UNDER 24 HRS
2 de 4		F	WHITE	5 31 1913	68	YRS. DAYS	
death. Pag		COUNTRY)	USH	MARRIED NEVER MARRIED	PANNE P	EUND F	L MD.
by the f	15	EW BURNIE	1. NAME OF HOSPITAL, NURSING I RIPNOTALEUCH FACILITY, GIVE STREET ADD		THE OF WARK FOR MOST OF	WORKING LIFE) 121 AND WORKING LIFE) 11/DU TRY	OF BUSINESS OR
filled in hould be	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE HD. 13b. COUNT	130 CITY DE TOWN	13d. VISIDE CITY LIMITS?	13. STREET ADDRESS	Eville	RD.
ampletely and 2 s	14. F.	ATHER'S NAME FIRST	DDLE LAST	15. MOTHER'S MAIDEN NA	ME UNDDIE	L	AST
oe execut an and co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECURITY 337-01-3	589 BeyAWT	PEARCE	#	13
quires that the death certifical signed by the attending phy hen please remave carbanpa to burial, crematian, ar remay jury, or ather traumatic event	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	EOF	MINAL DISEASE OR COND	OITION GIVEN IN PART 1	(a₁
he law re on. has been i permit. T ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
G PHYSICIAN: T attending physici er this certificate is the burial-transis and Mental Hygi ked ar Item 18 sh	MEDICAL CER	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21 d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21b. PLACE OF INJURY	19 21f LOCATION			
or attenthe as the lith and larked s	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM		CITY OR TOV	VN COUNTY	STATE
TAL OR ATTEND y the hospital or AAL DIRECTOR: detached for uss rate Dept. of Hec		22a.1 certify that (I) (this hospito saw the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE	view the body after depth. 19		death accurred an the da	271-02	, that (I) (we) last e causes stated
TO HOSPITAL TO FUNERAL should be dete with the Stote		Hamid A. Tow	whidian. M.D.	2334 Mount	tain Rd. P	agadona l	wa 2111
BP	17	Para TION	The same of the sa	ANOF CEMETERY OR CREMATORY	BESTE	upo PG	MD.
DHMH-16 30M 2/80 (VRA 15, 4)	Sign	UNDOAL DIRECTOR	to anne por	mel. 25 SE	BEET ORA JOSE INVENT	STREETHINGS	PONE -



TO FUNERAL DIRECTOR, After

BP.

(VRA 15, 4)

should be detached with the State Dept.

If Item 21

IMPORTANT:

8	1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL LEALTH AND LICATE OF I	MENTAL HYG		REG. NO.	2	2	5	EDT S
		CEASED NAME	FIRST	MIE	DDIE	l	AS1	La Test	2a. DATE OF DE	ATH MON	чтн	DAY Y	EAR	26 HOUR A
	,	CORPRINTS	VICTO	R Pal	Lmer	PF	HOEBUS	SR.	SEPT	EMBER	2.	1981		3:16
	3 SE	X	4	RACE		S. DATE C			6. AGE (IN YEARS	LAST BIRTHDA		IF UNDER		IF UNDER 24 HRS
	,	Male		White	9	Sep		1932	48		YRS.	MONTHS	DAYS	HOURS MIN.
2	a. B	IRTHPLACE STATE OR	FOREIGN 71	CITIZEN OF W	HAT COUNTRY?	8.	NEVER .	MARRIED [9. BALTIMORE	CITY OR C		OF DEA	TH	
0		aryland	500	U.S.A	4.	WIDOWE	_	VORCED	ANNE	ARUND	EL C	COUNT	ΓY	MD
11	10 C	ITY OR TOWN OF DE	ATH 1		SPITAL, NURSIN		OR OTHER INS	TITUTION	17a USUAL OCC		SUL IC LIE			BUSINESS OR
1	(GLEN BURNI	E		ARUNDEL		ITAL		Meat (A+P	Groc
20	05U.	AL RESIDENCE (IF NUR	1136 COUNT		IVE RESIDENCE BEFORE		1 13d. INSIDE C	ITY HAAITS?	13e. STREET ADD	PESS				
5	M	aryland	Anne		l GlenE			NO 🛣	515	Wimr	ner	Roa	ad	
1/	14. F.A	ATHER'S NAME FIRST		DDLE	LAST			S MAIDEN NAM	M	IDDLE			LAST	
U	14	Harlin		ames	Phoeb			1berta		Ε.				cher
1		VAS DECEASED EVER YES NO OR UNKNOWN) YES	I FYES GIVE V	WAR OR DATES)	21 6-28		17 INFORMA 2 Mr		d Mari	ADDRESS	Pas (Ste	sade ep-s	ena	, Md)
	-	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	one couse per lu			4 5 1 7							ATE INTERVAL
	85	PART I. DEATH V	IMMEDIATE		Cancer	of	Laryn	X						
		1619		DUE TO, OR A	AS A CONSEQUE	NCE OF								
		Conditions, it ony		(b)										
	1	gove rise to im- couse (a), statis	ng the	DUE TO, OR A	AS A CONSEQUE	NCE OF								
	5%	underlying couse	lost	(c)										
4	z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CON	TRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITIO	ON GIV	EN IN PA	ART Ho	
_	CERTIFICATION	19a. DATE OF OPERA	TION	10h CONDITU	ON FOR WHICH	ODERATIO	ALIMAN DEDEC	250	InTORS	in Inc	L IE VIE	1.4505.6		
2	FIC.	196. DATE OF OPERA	11014	198. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFC	RMED	20a AUTOPSY	IN	CERTIF	YING CA		OF DEATH?
-	ERT	71a. ACCIDENT WAS UN	DERIVING 🗀	21b. TIME OF I	MILIDY		71. HOW/IN	THIRY OCCUPE		- [X		s 🗌		NO 🗌
4	-	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	MONTH DA	Y YEAR	I. III III W	JOK! OCCORR	ED (ENTER NATURE	OF INJURY IN	ITEM 18 P	ART I OR PA	AR (2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDI		P.M.		19	211 105 171	201						
	ME	WHILE NOT WE ALWO	HILE [(AT HOME, STREET	FACTORY, OFFICE FA	ARM, ETC)	211. LOCATION STREET		cn	TY OR TOWN		COUP	YTY	STATE

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 776 SIGNATURE

ATTENDING PHYSICIAN

80

Cem

MEDICAL STAFF DIRECTOR PHYSICIAN

July

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED SEPT'81

81

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WILLIAM GRAY, M.D.

27a. I certify that (I) (this haspital) attended the deceased from

MORE.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

June

23d. LOCATION CITY OR TOWN

21201_{STATE} COUNTY

Buria1 DHMH - 16 50M 1/81

HOME, GLEN BURNIE, MD.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

Cheltenham

28.

CARDINAL SECRETARIAN SERVICE S STOLD TENTO when I was a second to the second second

12	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND REG. NO. 374-14-4010	6
1 71		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOU YEAR PRINT) BLANCHE R. PLANT 9-25-81 9:0	9 M
		FEMALE 4. RACE 5. DATE OF BIRTH MONTH 7 - 19 - 19 6. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MONTHS DAYS HOURS	24 HRS MIN.
deoth blue 72		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NOT DIVORCED DIV	MD.
on offer tiled an	3,	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 175. KIND OF BUSINE INDUSTRY ANAPOLS UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	SS OR
YLAND 21 thin 24 he my filled in 2 should be iner myst b	5 1	Maryland AA Annapolis YES NO 130 Hearne Rd Apt 13	
Complex complex of com	(C)	FIRST MIDDLE LAST FIRST MIDDLE LAST WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
LTIMOR to be east on and or. Page he medic		(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unkn. 374-14-4010 Richard Hockman Annapolis Md APPOINTAGE AND APPOINTAGE APPOINTAGE AND APPOINTAGE AND APPOINTAGE APPOINTAG	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate within 24 hours of the daily physician. When this certificate has been signed by the diffind the physician and completely lifted in as the buriol-tronsit permit. Then please immore contemper Page I and 2 should be fill the ond Mental Hygiene prior to buriol, cr. actions of the medical econilest must be not orked on them 18 shows any injury, or other treatments.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160	
ALRECOI	9	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PROPERTY NO THE P	H?
SION OF VITAL PHYSICIAN: The andring physician this certificate h this certificate h this definition of the construction of th	9	AN COLUMN TO COLUMN THOUGH A M. MONTH DAY YEAR	
TEND or to or use of the old or use of the old of the o	1	WHILE AT WORK AT WORK [In It Is a spital) attended the deceased from 1814 [S. 19.80], to Sept 25, 19.81, that (I) (which is a spital) attended the deceased from 3.84 [S. 19.80], ond that in [my] (our) opinion deoth accurred on the date and hour and from the causes sta above. (I) (we) (stid) (did not) view the body after death.	
HOSPITAL OR ATT med by the hosp. FUNERAL DIRECT uld be detoched to the State Dept. of ORTANT: If Item 2		276 SIGNATURE B. Fulow MD for Richard forch man MD ATTENDING MEDICAL STAFF 276 ADDRESS 276 PHYSICIAN'S NAME (TYPE OF PRINT) 277 ADDRESS 278 ADDRESS	,
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	22	Richard Hochman 16 Murray Ave Annapolis Wol2/4	701
ВР		Removal 9/26/81	TATE
DHMH - 16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR NAME Anatomy Board Balto, Md. 250 DATE REC'D. BY REGISTRAR' 256 DECISTRAR' SIGNAL PROPERTY. OCT 1 1981 Name Gan March	

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Andrew Control of the second state of the seco AND A COUNTY HOUSE THE LIGHT OF STATE OF THE STATE OF THE

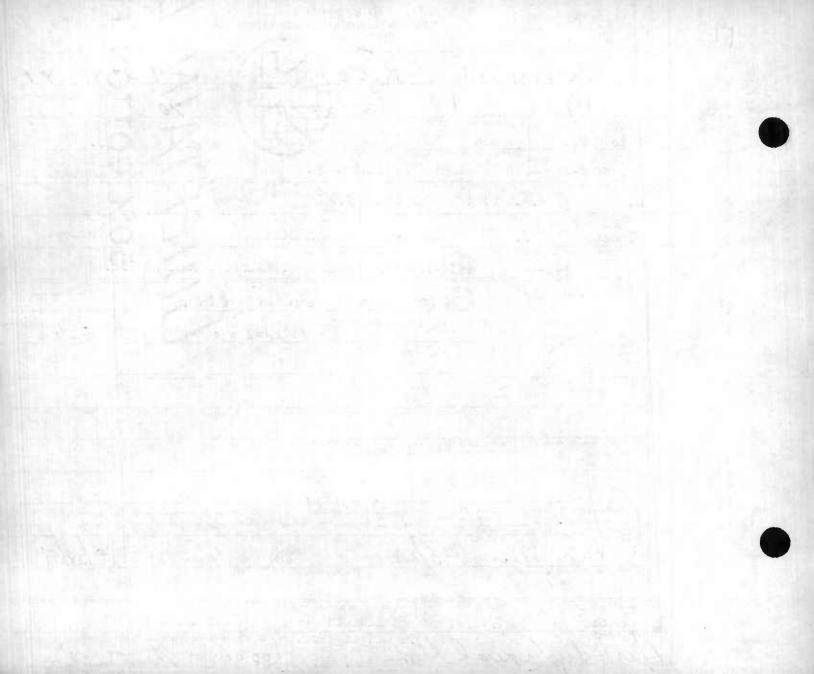
19 55 8 3 WENTE 8-13-75 Commence of the same of the commence of the co fers which will be the training thente to mentice to facet my my 1891 We me to an election as people the sold of the STILE TO SEE THE SECOND STATE OF THE SECOND ST In all olivers of the second o FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



or other traumatic event, the medic

marked or Item 18

MPORTANT: If Hem 21 is

CERTIFICAT

MEDICAL

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIENE Ö	REG. NO.	6-	2 3	EDT
1. DECEASED NAME	BETTY		ELYN	-	DDING	SEPT	EMBER 2	1	981	26 HOUR 3:106 M
Female Female		White	e	5. DATE C	DAY JEAR	6. AGE (IN	YEARS LAST BIRTHDAY)	MO	UNDER I YEAR	IF UNDER IL HRS
Pennsylvani		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		ORECITY <u>OR</u> COU		COUNT	Y MD
GLEN BURN			HOSPITAL, NURSIN H FACILITY, GIVE STREET A RUNDEL	ADDRESS)	PITAL	(TYPE 99 WC	OCCUPATION ORK FOR MOST OF WORKING ORKINGTON	NG LIFE)	INDUSTRY,	OF BUSINESS OR
USUAL RESIDENCE (IF NI 130 STATE Manyland	13b COUN	Anunde	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO 🏖	13e. STREET	Stately 1	Oni	ve	21122
14. FATHER'S NAME Theodor	e Jo	ohn.	Giovani	s	15 MOTHER'S MAIDEN NA	AME	Ball		Adam	1
(YES NO DE CEASED EVI		MED FORCES? WAR OR DATES)	213-05-	-	Robert P. R	edding	Same as	#1	3	
18. CAUSE OF DEA PART I. DEATH	WAS CAUSED	y one couse per BY: CAUSE (o)	lagor (o), (b), one		ule coll	apre	20		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
410 (Conditions, if or	0		R AS A CONSEQUE	NCE OF	Wepcar	dial	hugara	es		
gove rise to i couse (a), sto underlying cou	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF		12	0			
PART 2 OTHER SI	GNIFIC AT C	ONDITIONS CO	ONT MILITING OF	th	RELATED TO THE TERM	MINAL DISEA	SE OR CONDITION	GIVEN	IN PART Inc)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the dec

and that in (my) (our) opinion death occurred on the outerand hour and from the couses stated DEGREE

SUBONG, M.D.

22e ADDRESS 7951

RD., GLEN BURNIE, M

City of town

230 BURIAL, ION, REMOVAL (SPECIFY Burial

23c. NAME OF CEMETERY OR CREMATORY Park Glen Haven Men.

211 LOCATION

STORET

Len Burnie, A. Arunde

sow the deceosed glive on obove. (I) (we) (did id a

Ly F.H. Mtn. & Tick Neck Rds. , Pasadena, Md

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NOF

STATE

YES [

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

STITY EVALUATION CLUBTHS THE STREET STATES ANT CONTRACTOR OF THE STATE OF M.C.L Windshortel now to describe the little and the little to The grant definit X for the sound leaves with a sound the sound th The same of the sa Ett to sure graden . . Made delle le le Carplinson on the car they see + 9 ... Marin Wyrand Staffer En WATALITY L. SUPERIOR STATE OF THE PROPERTY OF will party the second of the second of the ore consistent the state of the filled in by the funeral director buld be filed within 72 hours off

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this certificate

FUNERAL DIRECTOR: hospitol

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ATTENDING

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and Mental Hygiene pria

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MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EDT

126 KIND OF BUSINESS OR

FOR STATE REGISTRAR

REG. NO.

12a USUAL OCCUPATION

Mr. Richard H. Shipley (Nephew)

T. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) LAURA	Linthicu	um ROBERTS	SEPTEMBER 22,	1981	10:24
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	Dec. 18, 1893	87 _{YRS.}	MONTHS! DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUNDEL		M

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL

Homemaker Own Home 13e STREET ADDRESS # 2 Fairmont Poad

Maryland	AnneArund	el Linthicum	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS # 2 Fa	irmont Road
14 FATHER'S NAME Richar	d L.	Shipley,	15 MOTHER'S MAIDEN NAME FIRST Annie	WIDDIE	Linthicum
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANICAMO	Meade Rookess	Linthicum Md

214-46-1881

	The state of the s
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sepsis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 5 days
Canditions, if any, which Canditions, if any, which (b) Preu	monia 7 days
gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

O	Arteriosel	entir Heart Dise	ase	THE DISEASE ON CO. T	ON ON EN INT AKT TIG	
RTIFICAT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI	EATH?
CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE

22a. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on (aur) apinian death accurred on the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

11 0

1 20	150	MILD.	PHYSICIAN		PHYSICIAN [7-2
22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRI	11085	Little	Patuxent	Par	kway

LONG S. HSU, M.D. Columbia, Maryland 21044

130. BURIAL, CREMATION, REMOVAL	ZJE DATE	236. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Burian	25 Cont 0	1 Loudon Park Cem.	CITY OR TOWN	COUNTY
DOT TOTAL	Sept.o	I Doudon Fark Cem.	Baltimore	

24 FUNERAL DIRECTOR

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOME, GLEN BURNIE

STATE

Md.

DHMH-16 50M 1/81 (VRA 15, 4)

BP

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	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 REG. NO	2 2	5 2 2
		CEASED NAME FIRST	٨	AIDDLE	-	AST	20. DATE OF DEATH	MONTH DAY YEA	2b HOUR
	3. SE	Christin	1 RACE	<u></u> ,	5 DATE O	ogers	SEPT-	14, 1981	S:SOM
14	J. JL	Female	IALL.	مط	MONTI	DAY YEAR	h 0	MONTHS DA	
n	IN B	INTHIPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8	13,1909	7 2 9 BALTIMORE CITY O	YRS R COUNTY OF DEATH	
45	P	enna	USA		WIDOWE	D NEVER MARRIED DIVORCED	Anne A	rundel	MD
G	A	TY OR TOWN OF DEATH	Anne A	HOSPITAL, NURS		HOSP.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON 126 KIN F WORKING LIFE) INDUST	D OF BUSINESS OR
35	130. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS?	136. STREET ADDRESS	shwood	Court
21	14. FA	Clinton Nyhar	E'DDIE	LAST		Jennie	ME RODE		LAST
1	160 V	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC		17 INFORMANT	ADDRE		
/		NO OR UNKNOWN) (IF YEN)	e war OR DATES)	198-22	-6835	Alfred J. R	ogers RD #6		ROXIMATE INTERVAL EEN ONSET AND DEATH
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR		UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, WERE FIN	NDINGS USED
7	TIFIC						YES NO	IN CERTIFYING CAU	SES OF DEATH?
9	AL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	M. MONTH	DAY YEAR 19	31¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART	2)
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE	, FARM, ETC)	21f LOCATION STREET	CITY OR TO	NN COUNTY	STATE
		27a.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	9/13/	8/		nd that in (my) (ear) opinion DEGREE ATTENDING	MEDICAL STAF	F _ 22c. D.	the couses stated
-		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	.07		PHYSICIAN 222 ADDRESS	DIRECTOR PHYSIC	IAN	1/0/
	1	Stanley Watki	ns.Md.			121 Cathedr	al St. Ann	enolis Ma	
1	230 B	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial				EMETERY OR CREMATORY ew Memo Park	23d LOCATION CITY OF TOWN Elmhurst	COUNTY	STATE
	24. FU	uneral director eal 1 Funeral Ho	me, 1212	1	7 Alm	25g DAT	EP161981	256 REGISTRAR SOICH	valuation .

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has been signed by the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other froumotic event, the

tor, page 3 ofter death

moy be

Train (while the contract of t on We read to better the court was the A TOMB TOLEN . Li . o' Sil Hous a . No Combade ab 121 Anguet and description of the second state of the second state of the second se Harriston to the time of the Sign of the Sign of the Land physicion and completely filled in by the funeral dir

this certificate has been signed by the ottending

,		FOR
1	-	STATE

STATE OF MARYLAND

	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	66	E.D.T.
-	I. DECEASED NAME FIRST	WIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	(TYPE OR PRINT) EMIL	(NMN) RUPPERS	SBERGER	SEPTEMBER 1,	1981	1:48A M
	3. SEX	4 RACE S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male		11, 1908	73 Y	RS MONTHS DATS	HOURS MIN.
5	Maryland	TT C A	NEVER MARRIED	9 BALTIMORE CITY OR COL ANNE ARUNDEL		
-		11. NAME OF HOSPITAL, NURSING HOME O		12. LISTIAL OCCUPATION L	OF THE WILLIAM	MD.
6	GLEN BURNIE	NORTH ARUNDEL HOSPI		(TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUSTRY	Plastic
1	13a STATE 13b COUN	other institution give residence before admission) ITY I3c. CITY OR TOWN Glen Burnie	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS 406 North I	Broadvie	w Blvd
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM			
Я	Emi1	Ruppersberg	er Emilie	MIDDLE	Goenn	er
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT (W1:	fe) ADDRESS	Same as	
		215.09.1765	Mrs. Marth		sberger	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	ASHD Corono	ry inst	lug	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART I (0	(1)
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		FYES, WERE FINDIN ERTIFYING CAUSES YES [
7	OR CONTRIBUTING CAUSE OF DEAT	P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITE	A 18 PART OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	al) attended the deceased from	d that in (my) (our) opinion de	, to 9-1- eath accurred on the date and	19_2/, thour and from the a	
	226. SIGNATURE	1 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE	SIGNED
1	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	220 ADDRESS 529 SO	UTH CAMPMEADE		-

TO FUNERAL DIRECTOR: After

MPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL 9/4/81 Burial

236. DATE

LINTHICIM MA

231. NAME OF CEMETERY OF CREMATORY

Glen Haven Mem. Pk Funeral Home Maryland SEP 1

Glen Burnie, COLA . A . ,

MD.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

.... Asa standard from the sale sale CHEV SERVICE NATUR APPROPER POSPITAL LINEHICIBL MARYLAND 21000

-	, 1	
1	K	
l		

after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medical exami IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician. BP. DHMH - 16 50M 1/81 (VRA 15, 4)

	1-	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	744	2	2 5	2 4					
		CEASED NAME FIRST	WIDDLE	L	REG. NO TO AST 20. DATE OF DEATH MONTH DAY YEAR 25 HC									
	(TYPE	E OR PRINT) WILL	TAM N.	RI	USSELL	SEPTEM	BFR 17.	1981	2:13Am					
	1 SEX		4. RACE	5. DATE C	OF BIRTH									
		MALE	WHITE	APRI		62	YRS.	ONTHS DAYS	HOURS MIN.					
Þ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	22					
B		ARYLAND	USA	WIDOWE			UNDEL C	COUNTY	MD.					
ij	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		PROTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR					
T	_	GLEN BURNIE		TOTAL TO	SPITAL	PROPRIE		GIFT	SHOP					
E	13a S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL ARYLAND AKK	INTY 136 CITY	OR TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	7 -	ACH R	D,					
3 4	14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME		LAS						
0		JOHN	G. Ku	ISSELL	MARY	C		LAM	BDIN					
	(Y		IVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT		DRESS	AS 1:	21					
		YES WWI 215-05-0034 ALICE BURFORD (SAME A												
9		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o SED BY:	(b), and (c).)				BETWEEN	MATE INTERVAL INSET AND DEATH					
		IMMEDI.	ATE CAUSE (a)											
		Canditians, if any, which												
a		gave rise to immediate cause (a), stating the	(b)											
		underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF										
1		PART 2 CHEMSIGN FICAN	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIVE	N IN PART 10	1					
	CERTIFICATION	Hickely	5 well	sten		CONTRACTOR								
51	ICA	196 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?					
1	RTIF					YES NO	YES		NO 🗌					
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	UOUD 4 14 14 01	NTH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF II	JURY IN ITEM 1B PA	RT 1 OR PART 2)						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJUR	19	211. LOCATION		L A SE							
	ME	WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STREET, FACTOR	10WN	COUNTY	STATE								
		220.1 certify that (1) (this has		47L /	7.16.1981	, to	9.17.1	9_2/	that (1) (we) last					
			at) view the body after dea	ih.	d that in (my) (our) apiniar	death accurred on the	date and haur		100					
		226. SIGNATURE	Mules	and !	DEGREE ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIANI [7]	Pre DATE	17.81					
		22d. PHYSICIAN'S NAME (TYPE	OR PRINTING	227	22e ADDRESS 325	DSPITAL DE	RIVE. SI	ITTE 10	4					
1		CENAP S. DOR	KAN, M.D.		GLEN	BURNIE, M	ARYLAND	21061						

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

SEPT. 19 24 FUNERAL DIRECTOR

CITY OF TOWN

ROBERT

STATE ACHAIDEL

THE PART OF THE PARTY OF THE PA Company of the control of the contro

(3)	1-3	FOR STATE				MENT OF H	EALTH		ENTALH	4.0		2	2	5	2	5
		REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	EXAMINE	R'S C	ERTIFIC	CATEC	F DEAT		REG. NO.				
W 1 10 1		E OR PRINT)			0		-	(AS)		Za.	Or E	OWN STI-	MONTH	-		26. HOUR
PLEASE RECTOR. R FILES. HOUNS STREET.	3. SEX		ZDA 1. RACE	5. DATE OF BIRTH	N	I6. AGE (IN YEAR		DER I YR.	IF UNDER		DATE DATE	ATED []	MONTH	25 19	S/	2d. HOUR
ESSARY, PRESIDENCE RAL BIRINGS HE RESTON STILL		F	W	MONTH DAY	THAT THE	87 YRS	MONTH		HOURS		ONOUNCE	D	9	25/1	81	/> M
EGESSARY BALDI HINY FEST	FOR	RTHPLACE (STA		76 CITIZEN OF WH		TRY?	MARRIE	D NE	VER MARR	IED 7	BALTIMOR	E CITY OR	COUN	TY OF DE	ATH	
高温度		laryland		U.S.A.			WIDOWI		DIVORC		ANNI	PR	UN	DEL		MD.
D. 21201 IF ANY DELAY IS NECESSARY 2, AND 3 TO THE BALDII 3. RETAIN PACE ROOT IN THE WORLD BE FILED THE WILL WILLIAM TO THE RECORDS. AL RECORDS. THE PACE OF THE WILLIAM TO THE RECORDS. THE PACE OF THE WILLIAM TO THE RECORDS.	91	en Bui	CNI'E	11 NAME OF HOSE (IF NOT IN SUCH FACE			Plus	PI La	L	FOR MOS	OCCUPAT ST OF WORKING Sewife	LIFE)	OF WORK	126. KIND OR IN	OF BUS NDUSTRY	
21201 ANY DELY AND 3 TO RETAIN P HOULD BE RECORDS,	13a. ST	TATE	IF IN NURSING HOME I	OR OTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE CI	TY (IMITS)	13e STREET	ADDRESS					
P AND SECOND	Ma	ryland		Arundel	Gle	n Burni	е	YES 🗌	№ 🛣	99 Ha	ammerl	ee Ro	oad	2106	61	
MD W 3.2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,		THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE	ENNAME	MIDDLE	E		LAS	ST	
AN PY		Villiam		Street 1		lowski					Unkno	wah .				
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. "RANISIT PERMIT. PAGES 1 AND 2.3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.	160 W (YE	S, NO, OR UNKNOY	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	100	CIAL SECURITY		17. INFORM				DDRESS				
S AF SIVE SIVE PAGI VISIO		No	1///			-12-367	8	Mrs.E	ileen	Glove	er, 99	Hamm	nerl	ee Ri	0.210	061
11. I DUR 118. O MIT. I	4	18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)	-		-0	•	4	-		BETWEE	OXIMATE IN	NTERVAL
ON O		0011		TE CAUSE (city (nli	ref	Cle	rus				hz	31	
IN I	>	887	s, if any, which		AS A CON	ISE DENCE OF	F	9								
VITH VITH VCIL RAN FAL REE	-	gave rise	ta immediate	(b)												
201 W.		lying caus	stating the <u>under</u> - e last.	DUE TO, OR	AS A CON	ISEQUENCE OF										
S. S				(c)												
D BE EXECTED BY BE EXECTED BY BE EXECTED BY BE EXECTED BY	z	PART 2 DINER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMIN	AL OISEASE	OR CONDITION	N GIVEN IN PA	RT 1 (a).						
MEN WELL	TIO	19a. DATE OF (OPERATION	IN CONDIT	ION FOR	WHICH OPERA	TIONIW	C DEDECOR	MED 2							
SAL HELL	CERTIFICATION		24.81	178. CONDII	/	WHICH OFEKA	TION WA	AS PERFURI	MEU!						TOPSY?	
NI OF SE	ERTI	21a EXTERNAL		21b. TIME OF	MILLEY	~- H/1/	21/ HO	WINDE	OCCUPPE	D (ENTERNAT	TIRE OF BUILDING	IN ITEM 100	DT 1 (DB 2)		s 🗌	NQ
S CERTIFICATE WEEK THE WAS ROBED TO THE WAS SHOULD BE SE S SHOULD BE DEPARTMENT OF PRIOR TO BE DEPARTMENT OF THE WAS ROBED BE DEPARTMENT.		UNDERLYING	OR	HOUR A.M.	MONTH	DAY YEAR	1	,	/)	ONE OF INJURY	II IIEM IS PAR	KI I OK P	on (2)	1	
RTIFI NG 1 SHO RIOI	MEDICAL	21d, INJURY OF	G CAUSE OF	DEATH P.M.		1 105/	211. LOC		rome	cha	ich	Dans	126	my H	the	_
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NO. NO.		22a I certify	y that I taak charç	ge of the remains desc	ribed abo	ive, held an	Autaps	у Ц.	Inspectia	n 🗗,	Inquiry Z	. and	in my a	pinian		
PECT YEAR		death resulted	d fram: Natu	ral causes 📳 ,	Accident	Suice	ide .	Hamic	ide .	Undetern	nined manne	er .				
WI WILL		ACTUAL	9011	21				TITLE (S	PECIFY)					-	1	
KE A HORE		SIGNATURE_	COYPU	Mack			M.I	O. PRE	4/4	MEDICA	AL EXAMINE	R	SIGN	ED 9	10	5/_
NOE NOE		EXAMINER'S N	NAME &	, ,	11			III E	1		1.	2	1			
XECCI A PER PITER		EXAMINER'S N (TYPE OR PRIN		Lup AK	M.			DDRESS	da	wh	odes	120	4			
EDCE49	(5)	PECIFY)	ION, REMOVAL	236 DATE		NAME OF CEME				23d 2OCA			cou	INTY	STAT	E
BP		urial		Sep.29.198	1 S	t.Stani:	slau	s Cem	etery		timore		yla		15	
DHMH - 17	-	NAME		ADDRESS					DAIE	REC'D. BY RE		Sb. REGIST	KAK	DICHAILIR	m	,
VR A15 ME (5)) 15M 2/80	M.	F. Sadov	vski & S	ons, 1808	East	ern Ave	.212	231	5	EP 28	1981	Game	100	Jan.	art	rev.

TEXT IN COLUMN TO SERVICE OF THE PARTY OF TH Light Company of the Company of the

Severna

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

DAYS

AL RECORDS,

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

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	1.	FOR STATE REGISTRAR			DEPART	MENT OF	TE OF MARYLAN HEALTH AND ME FICATE OF DE	NTAL HYG		2.	2	5 2	7			
7		CEASED NAME FIR	ist .		AIDDLE		LAS1		REG. NO 2a DATE OF DEATH	_	DAY YEA		OUR			
	(TYP)	E OR PRINT)	ZAB	етн С	ATHERINE	G	CHOFIELD		SEPTEMBE	R 15	1981					
	3 SE			1 RACE	2141111(44)	· .	OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 Y					
ħ		FEMALE		WHITE		03		12	69	YRS.	MONTHS DI	AYS HOURS	MIN.			
V	7a. B	IRTHPLACE (STATE OR FOREIG	3N	b CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED 🗆	9 BALTIMORE CITY O	COUNTY	OF DEATH	Н				
Ľ	-	MARYLAND		U.S.A	-	WIDOW	ED DIVO	RCED X	ANNE AF	UNDE	DEL COUNTY M					
4	10. C	GLEN BURNIE		(IF NOT IN SUCE	OSPITAL, NURSING ACCURTED BY ARUNDE	ADDRESS)		UTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF MAILING CLE	WORKING LI	FEI INDUST	TRY				
6	130 S	AL RESIDENCE (IF NURSING HI STATE 113h	OME OR O		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY	COTIANIA	13e STREET ADDRESS			DUCTS	3			
B		MARYLAND	A.		PASADE			IO X	8477 BEDFO	RD RO	OAD, 2	21122				
	14 FA	ATHER'S NAME		NDDLE	LAST		15. MOTHER'S M									
0	90	JACOB	~	NIDUCE	MERZEN	DORF	FIR ET	IZABE'			UN					
П		VAS DECEASED EVER IN U.		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	S PA		ADENA, MD.				
		NO	TES, GIVE	WAR OR DATES	UNAVAIL	ABLE	JOSELY	NK.	SAVALISKI							
		18 CAUSE OF DEATH (En	nter only	one couse per	line (a), (b), an	d (c).1) [1.	41_		BETW	ROXIMATE INT	ERVAL ND DEATH			
		PART I. DEATH WAS C		CAUSE (0)	Therei	0 0	naphs	100	a/My		9	-7-0	FI			
		4149		DUE TO, OR	ACCONSTOUR	NCE OF	, U				0	_	1			
		Conditions, if any, whi		(b)	avolace	u	yer(a)				19.	-/-0	(-)			
		gove rise to immedia couse (a), stating t underlying couse la	he	DUE TO, OR	AS A CONSEQUE	NCE OF	Irman	DIE	in Duran		141	lm				
	NOI	PART 2 OTHER SIGNIFIC	ANT C	ONDITIONS <u>CO</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERM	MAL DISEASE OR COND	ITION GIV	EN IN PART	T Ito				
2	CERTIFICATION	190 DATE OF OPERATION		196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	YING CAU	SES OF DE	ATH?			
2		21a. ACCIDENT WAS UNDERLYIN		21b. TIME OF		V VEAS	21¢ HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUR		-					
	ICAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.		HOUR A.A	a. Month da	AY YEAR										
	MEDIC	21d. INJURY OCCURRED		21e PLACE C	OF INJURY		21f LOCATION		CITY OR TOV	(N)	COUNTY	,	STATE			
	\$	WHILE NOT WHILE THE AT WORK		(AI HOME SIRE	EET, FACTORY, OFFICE F	ARM, ETC.)	0 /2	0/	CITOKIOV		COOITI		STATE			
		22a.l certify that (I) (this saw the deceased all above, (I) (we) (did) (a	ve on_	9-15	19 8	1/	nd that in (my) (a	19 Jur) opinion o	to	e and hou	1961 r and from					
		226. SIGNATURE		A . I	oner deom.	(100)	DEGREE				225 D	ATE SIGNE	?			
		Alla Irl	Wa	Tin	1011	6	N~) ATT	ENDING YSICIAN	MEDICAL STAF	AN	18/-	ERIVERN ONSET AND DEATH PART I (a) EFINDINGS USED CAUSES OF DEATH? NO IN THAT (I) (we) lost from the couses stoted and part Signed and part				
		220 PHYSICIAN'S MAME	(TYPE OR	pervery:	3		22e ADDRESS		OSPITAL DRI		1208	10				
		HILARY T.	O'H	ERLIHY,	M.D.				BURNIE, MAF			51				
	23a. E	BURIAL, CREMATION, REMI	OVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CRE		23d. LOCATION							
		BURIAL	1	09-18-	81 GL	EN HA	VEN MEM.	PK.	GLEN BURN	IE .	A.A.	MARY	LAND			
	24 FL	UNERAL DIRECTOR			ADDRESS		21229	25a. DATE	REC'D. BY REGISTRAR	Sb. REGIST	RAR'S SIGN	NATURE	1 - 3 -			
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. SEP 181981											Co-					

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Manager Co. A. Committee Broad Co. S. Change Tol. Mr. Science 20-51 with the facility for the contraction with the contraction of the cont

	DIVISION OF VILAL RECORDS, 201 W. PRESION ST., BALLIMOKE, MAKTLAND 21.201	
O HOSPITAL OR ATTENE etained by the haspital of	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after dress Page etained by the haspital or ottending physicion.	Pogs
TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hea	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the lunary should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.	EN

	,•	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	2 2 5	2 3 E.D.T.	
	0		CEASED NAME FIRST	WIDDLE	1.	AS1	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR	
3 75	9	(TYPI	EDNA	Nioma	SC	CHRODETZKI	SEPTEMBER	26, 1981	7:45A M	
1 44	-0	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	1		Female	White	White April 18,1913			YRS.	MUN.	
2 (1)	1-1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
3 150	30		aryland	USA	WIDOWE	DIVORCED [ANNE ARUND	MD.		
by the	\$54	G	LEN BURNIE	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR NORTH ARU	EET ADDRESS) NDEL HO		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	DRKING LIFE) 126. KIND C INDUSTRY OWI	n H ^O me	
filled in rould be	S September 5	13a. :	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BER NTY 134, CITY OR TO GlenB1	NWC .	13d. INSIDE CITY LIMITS? YES NOX	13e. STREET ADDRESS 12 First	Ave. (Ma:	rley)	
ed withir mpletely and 2 sh	2C	14. F	THER'S NAME Ira	MIDDLE Dough		15. MOTHER'S MAIDEN NAM	UNKNOWN	LA	sī	
n and ca	medicol		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI NO N	OF MAR OR DATEST		Mrs. Shirl		Danie	e as 13	
rificate b physicio npapers. movol.	vent, the			nly one couse per line for (o), (b), ED BY:	ond (c).)	menter a	e ident	APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH	
deoth ceri attending ove carba itian, ar re	umatic e	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Prefer of conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH SULL NOT BELATED TO THE LEE								
by the at	other tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF					
equires the signed Then pled to burio	njury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF							(a)
ne law re on. hos beer permit	Swe on	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDI N CERTIFYING CAUSES YES []		
YSICIAN: Ti ding physicia is certificate buriol-transit Mental Hygi	em 18 sh		21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	LITEM 18, PART 1 OR PART 2)	- Carrier Control	
offending ter this case the burner of the bu	rked or #	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
TTENDIN pital or TOR: Afi for use o	21 is ma			oitol) attended the deceased from		nd that in (my) (our) apinion o	death occurred on the date	and hour and from the	tho (1) (we) lost couses stated	
by the has by the has ERAL DIREC e detached State Dept.	VT: If Item		226. SIGNATURE	Mesul us	2	DEGREE ATTENDING PHYSICIAN		NO 3/2	signed /	
TO HOSPITAL retained by the TO FUNERAL should be detained with the State	PORTA		22d. PHYSICIAN'S NAME (TYPE OR PRINT) CHARLES J. WU, M.D.			22e. ADDRESS 7845 C GLEN E	DAKWOOD ROAD, BURNIE, MARYL		1-1	
5 5 5 4 3	3		BURIAL, CREMATION, REMOVA	L 23b. DATE 23	RE NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
BP			Burial	Sep 29.81	Cedar	Hill Cem.	Brooklyr	A.A.	Md.	
DHMH-16 30M 2/8	30		UNERAL DIRECTOR	& VIMENTE ADDRES	s	25a. DATI	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE	
(VRA 15, 4)		S	ingleton Fu	neral Home, C	elen E	Burnie, Md. c	FP 28 1004	M D	my.	

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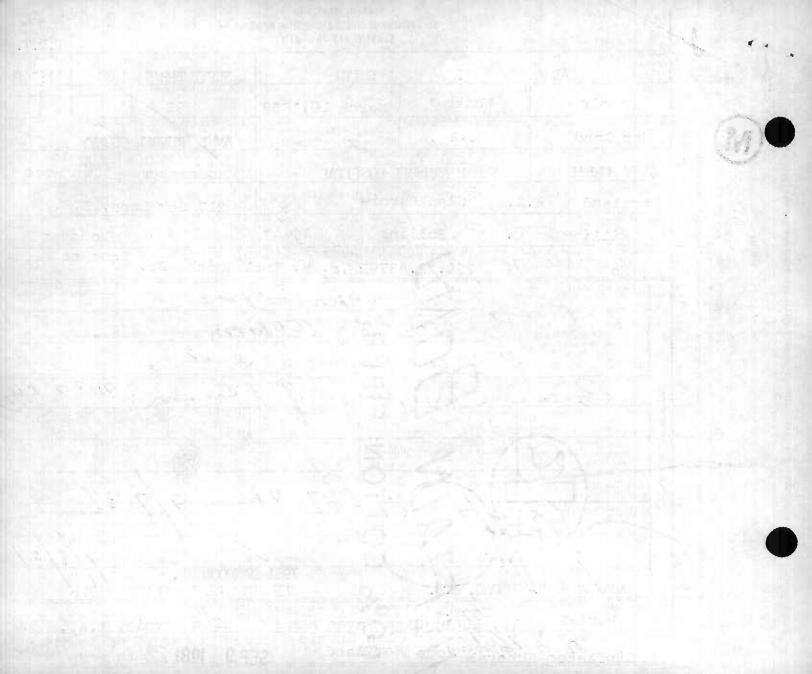
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STATE OF MARYLAND

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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. FF. MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES, ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS HEALTH AND MENTAL HYGENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET AL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE DR CONDITION GIVEN I	N PART J (a):		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

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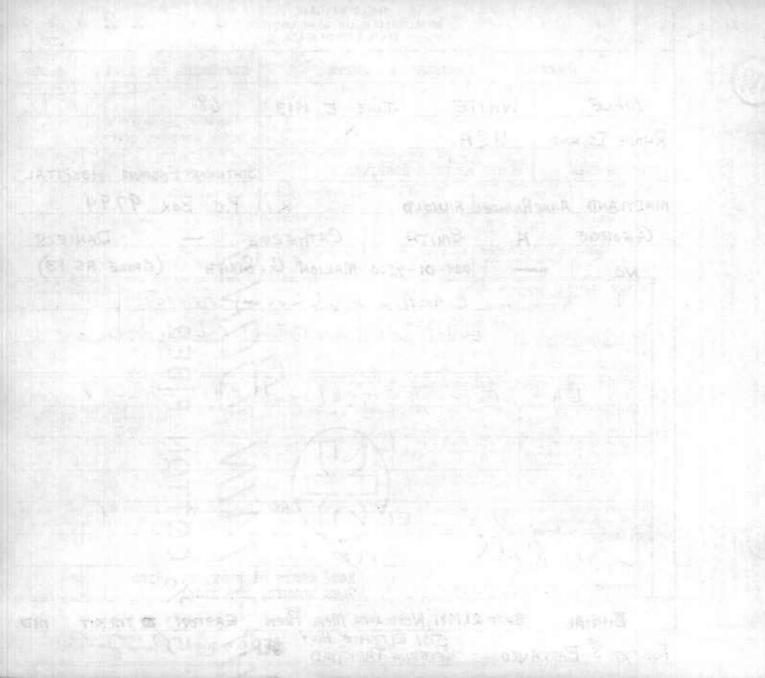
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Fewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

BURIAL SEA 24. FUNERAL DIRECTOR ROBERT S. BARRANCO

501 RITCHIE HWY SEVERNA PARKIMD

EASTON 250 BATE REC'D. BY REGISTRAR 250 GISTRAR 3 SIGNATURE TO SEE THE PROPERTY OF TH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	7
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus after death, Page 4 near teached by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the timeral discription and should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find. With the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.	-

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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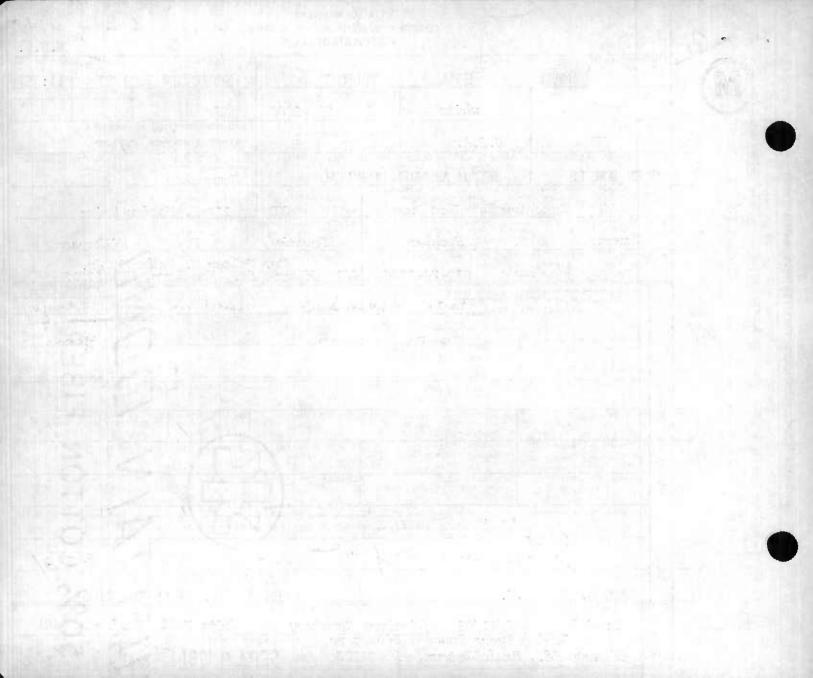
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	210 ACCIDENT WAS U	_	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18.	PART 1 OR PART 2)	
MEDICAL	OR CONTRIBUTING		4114		19	THE REAL PROPERTY.					
EDI	21d INJURY OCCUI		21e PLACE		D	21f. LOCATION	170	CITY OR TO	WN	COUNTY	STATE
>	AT WORK AT WE	NOT WHILE AT WORK STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN							STATE		
	22a. I certify that (l) (this haspi	tal) attended the	e deceased from_	9-4	, 19.	81	, ta 9-7		19 4	that (I) (we) last
	saw the deceased alive an										
	226. SIGNATURE 226. DEGREE 226. DATE SIGNED										
	May cent Attending Medical Staff PHYSICIAN DIRECTOR PHYSICIAN 9-8-91										
	27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 95 AQUAHART ROAD							- 4/			
SANG C. DOH, M.D. GLEN BURNIE, MARYLAND 2106											
	BURIAL, CREMATION		23b. DATE	73c N	AME OF C	EMETERY OR CREMA		23d LOCATION	. 1101011	2100	
(Buria	7	9/11/			G Cemetery		White Hal	.Z B	altimore	2 MD STATE
24 FU	JNERAL DIRECTOR	Lorin	a Buers	Funeral	Direc	ctors		REC'D. BY REGISTRAR			
87	28 Libert	y Rd.,	Randal	Istown, M	D 2:	1133	SFI	P 1 0 1981	Corne	as Van	Parthen.

DHMH - 16 50M 1/81 (VRA 15, 4)

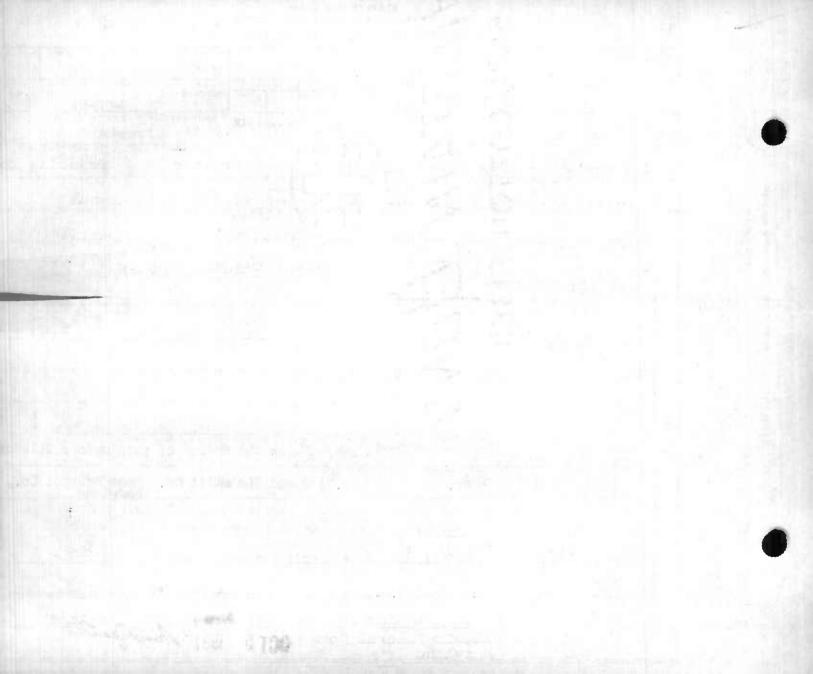
BP.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

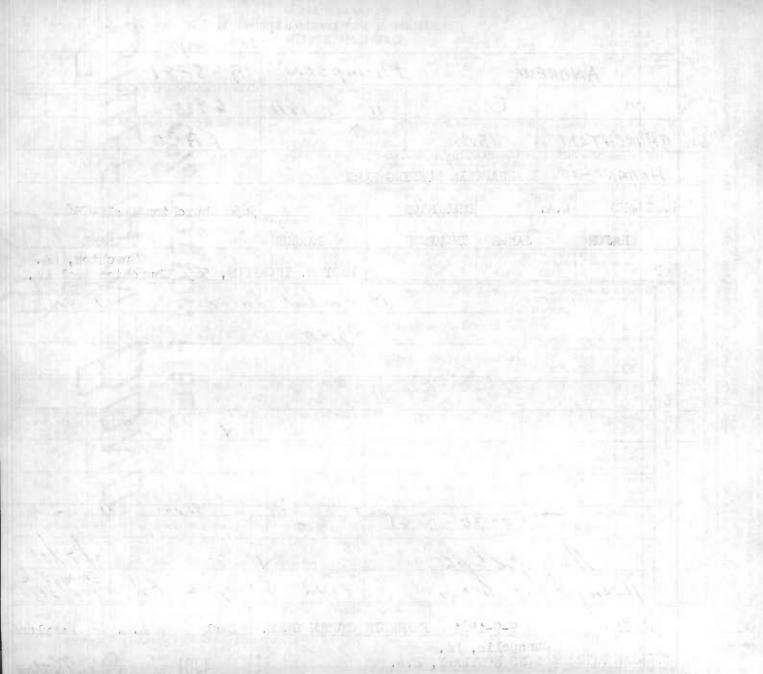


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE KNOWN X DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-S AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE GIVE PAGES 1, 2, AND 3 TO THE LINEAL DIRECTOR. THE FORM PM 3. RETAIN PAGE \$ FOR YOUR FILES. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS INISION OF VITAL RECORDS, 201 W. PRESTON STREET, TAYLOR. 9-26-819 JOHN JR. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 12;51 1959 22 Apr DEAD 9-26-819 white 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED NEVER MARRIEDXX Washington Anne Arundel County USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS North Arundel Hospital Printing Printer Glen Burnie USUAL RESIDENCE (IF IN NURSING HO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS SUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Capitol Hqts 6502 Central Avenue Geo. YES [NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Taylor John Catherine Courtney Téa. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER I EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING". IN PENCIL IN ITEM 18. GIVE PAPAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR; PROFES 3SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 80 2304 No John G Taylor Same as #13 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chest injury IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR 36 PMONTH 9+25+BAL subject was the driver of auto/auto collision X OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY III. LOCATION AnnewArundel Cov., Maryland STREET, FACTORY, FARM, ETC.) Rtstreet 170 and Old mMitelowRd. WHILE AT WORK NOT WHILE AT WORK 228 I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection Homicide Undetermined manner death resulted from Accident TITLE (SPECIFY). DATE 9-26-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 73b. DATE Ft Lincoln Cemetery Burial 9-29-1981 Brentwood Maryland BP. 24 FUNERAL DIRECTOR Wilhelm Funeral Home E Robert **DHMH-17** NAME Suitland Maryland (VR A15 ME (5)) 15M 2/80



3	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	o.	Cin "I	- Las
e #		CEASED NAME FIRST ANDRE	MIDDLE	. 1	ompson	20. 07.112 01 02.111.	81	YEAR	26. HOU
of the de	3 SE)	M	A. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS
uneral direct	6	RTHPLACE (STATE OR FOREIGN PUNTRY) HURCHTON	76 CITIZEN OF WHAT COUNTR	Y? B MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	COUNTY OF	FDEATH	
11 9/		AnnapoLis	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI ANNAPOLIS NUR	EET ADDRESS)		12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSIN
A nours	USU. 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BER INTY 13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 56.56 Churc	hton De	a Roa	ıd
mpletely and 2 sh	14. FA	THER'S NAME FIRST MADORS	MIDDLE LAST JAMES THOMPS	ON	15. MOTHER'S MAIDEN NA FIRST DARCUS	MIDDLE	но	LLAND	
on ond comp s. Poges 1 or	0	VAS DECEASED EVER IN U.S. A (15 NO OR UNKNOWN) (15 YES, GI	RMED FORCES? 166 SOCIAL SE	CURITY NO.	MARY E. THO	MPSON, 5656	Church	rchton ton De	al
been signed by the mit. Then pleose rem prior to buriol, cremo ony injury, or other the	CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING T			MINAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USE
an. has has	RIFIC				Table How in Hilly occur	YES NO	YES		NO [
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DING PHYS or ottendir After this is as the bu olih and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	216 LOCATION STREET	CITY OR TO	wn	COUNTY	\$
		sow the deceased alive a	pitol) attended the deceased from $(2-30)$	<u>FI</u> ,	nd that in (my) (opinion	to Se	lote and hour c	and from the o	_
the hor DIRE etocher te Dep		22b. SIGNATURE	tellet			MEDICAL STA	FF CIAN 🗆	22c. DATE	T/
HOS bined bined bould b		HARVLY	STEINFELD		6146 S	Hooyside	Ad,	SHI	12
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DHMH - 16 25M (VR A 15 (4)) 9/74		UNERAL DIRECTOR A	nnapolis, Mdooress SONS MORTUARY.	P.A.		TE REC'D. BY REGISTRAF	A SIGNATURE OF THE STRA	AK S SIGNAT	en/

STATE OF MARYLAND



FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OF PRIN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 20 DATE OF DEATH MONTH DAY 26 HOUR 0 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XEVER MARRIED ANNE ARUNDEL 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1438 Shadyrest Road NO [15 MOTHER'S MAIDEN NAME RACHEL MIDDLE GRAY ADDRESS 17 INFORMANT Shadyside, Mary 1438 Shad MARGIE THOMPSON APPROXIMATE INTERVAL NEUMONIA CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN STATE

and that in (my) (and opinion death occurred on the date and hour and from the causes stated

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OR TOWN COUNTY CHURCH CHME. Shadyside A.A.

24 FUNERAL DIRECTOR Annapolis Md.

23b. DATE

SONS MORTUARY. P.A.

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

BURIAL

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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9-24-1981

WILLIAM REESE & SONS MORTUARY, P.A.

Annapolis Md.

STATE

DECEASED NAME

REGISTRAR

(SPEBURIAL

24 FUNERAL DIRECTOR

BP.

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ADAMS CHURCH CEME.

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

LAST

YOUNG

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NOF

Maryland

YES

Löthian

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

SEP 23 1981

COUNTY

22c. DATE SIGNED

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11/2		(1)	PE OR PRINT)	Arthu		MIDDLE	Pramm	elle,	Jr.		2e. DATE KN OF I DEATH M	ESTI-	ONTH DA	Y YEAR	26 HOUR
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	SE S	用物性		aucasia		YEAR	AGE (IN YEA		R 1 YR. IF U	NDER 24 HRS	2c. DATE PRONOUNCI	ED M	ONTH DA	Y YEAR	2d HOUR
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	FOR YOUNGERAL POR YOUNGERAL	/ F	OREIGN COUNTRY)		76. CITIZEN OF WE	AT COUNT	RY?	MARRIED	NEVER /	MARRIED [9. BALTIMOI	RE CITY OR C	OUNTYO	PDEATH	
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	AY IS NE THE FUN AGE 5 F FILED W	2 10. 0	OR TOWN O	DEATH	11. NAME OF HOS			OR OTHER	INSTITUTION	12a. US	UAL OCCUPA MOST OF WORKIN	TION (TYPE OF	WORK 12b.	OR INDUSTR	SINESS
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		130.	STATE	IUI COUNT		13c. CITY (efore admissio OR TOWN	13	d. INSIDE CITY LIA	HITS? 13e ST	REET ADDRESS	5			
	AND		ryland	Prince	George	s Ter	nple]				04 Jan	ice I	ane		
	DEATH. IF ANY DEL	14, F	ATHER'S NAME		MIDDLE	ŧ,	AST	15	. MOTHER'S /	MAIDEN NAM	E	OLE		LAST	
1	DEATH. GES 1, M PM AND 2 OF VITA	4	Arthur		mmelle,	Sr.			Alic	e For	đ				- 0
	AFTER INVERTIGATION AND A STREET IN TORY AND A STREET IN THE STREET IN T		YES, NO, OR UNKNOW		WAR OR DATES)	16b. SOCI	AL SECURITY	NO. 17	. INFORMAN	T		ADDRESS			
	S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD, "FENDING" IN PENCIL IN ITEM IS GIVE AAGES 1, 2, AND RED TO THE CHIEF MEDICAL FAMILIES ALONG WITH FORM PM. 3. RETAR 35 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT FAGES 1 AND 2. SHOULD EDEPARTMENT OF HEALTH AND MENTAL HYGIENT DIVISION OF VITAL RECORD PRIOR TO BURIAL, CREMATION OR PERMOVAL.	- <u>1</u> 2	es	1929-	1930	577-	-07-79	38	Lena	G. Tr	ammell	e, Sa	me 1	3-A-F	
	STONST., BALL N 24 HOURS AF N TEM 18 GIVE ALONG WITH SIT PERMIT FAG IYGENE DIVISIONOM		III. CAUSE OF	DEATH (Enter on) TH WAS CAUSED	y one couse per line	19 r (a), (b),	and (c).)	0	2	KALE.			1	APPENDEDMATE	e-(TERVAL AND DEATH
	IN TEM 1 IN TEM 1		P 11	IMMEDIAT		ulm	oney	-6	lener	_			1	Level	
	NOV AND		3/7	-0	DUE TO, OR	AS A CONS	EQUINGEO	F							
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	ZOI W. PRESTON JTED WITHIN 24 F IN PENCIL IN ITEA EXAMINER ALON IAL -TRANSIT PER O MENTAL HYGIEN ON, OR REMOVAL		lying couse	tating the under	DUE TO, OR	AS A CONS	EQUENCE O	F							
	ON PERSON		1000		(c)		(A (C)					76			
	SHOULD BE EXECUTED SROUND BE EXECUTED SROW "FENDING" IN PROPERTY OF HEALTH AND METALL CREWATION (METALL).		PART 2 OTNER SIGN	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATI	EO TO THE TERMI	IAL DISEASE OR	CONDITION GIVE	N IN PART 1 (g).		100		SHIDE	
	A A S A S A S A S A S A S A S A S A S A	_ Š											10.3		
	SED SED	CERTIFICATION	19a. DATE OF C	OPERATION	19b. CONDII	ION FOR W	HICH OPERA	TION WAS	PERFORMED	?			20	AUTOPSY?	
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	PART AND S		21a EXTERNAL	princip	21b. TIME OF HOUR A.M	MONTH	DAY YEAR	21c. HOW	INJURY OCC	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
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'	WR WR		AT WORK	AT WORK											
1-15	ATE, ORW		220. I certify	that I took charge	e of the remains des	cribed obov	e, held an	Autopsy	, Insy	pection .	Inquiry	ond in	my opinion)	
	NE STATE		death resulted	d from:Natur	Acauses .	Accident	, Suid	ide .	Homicide	Unde	termined mann	ner ,			
-	WIT WIT WAR			del	1 4				TITLE (SPECI	FY)					
	ALE CALLE		SIGNATURE_	6 Aug	hull	-		M.D.	Rem	10 ME	DICAL EXAMIN	IER :	DATE SIGNED	9-14-	81
	DE TE	1	EVALUE OF A	9	205	1	-			1	1				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S N		Bushu	1/6	-	AD	DRESS_	Tours	rela	nel	>		
16	BATTA	23a.	BURIAL, CREMATI		%. DATE		AME OF CEM			23d. C	OCATION /		COUNTY	STA	ATE
141	BP		Burial	Sep				ty M	emori	al Ga:	rdens	Waldo	rf C	harles	MD
1101	DHMH - 17		UNERAL DIRECT	or Lee	Funeral	Home	, Inc	•	25a.	PATE REC'D. E	Y REGISTRAR	256 REGISTR	AR SIGN	Harth-	
	(VR A15 ME (5) 6	683	Old Al		r Ferry			ton	MD	apl "	1981	- Come	01		
	13/4 2/00									- ph tour 10	1.1				w"

There are the training to the second of agentical angles in the ALTERNATION OF THE PROPERTY OF Talah marakah masara mananan menangan dan menangan dalah menangan dalah menangan dalah menangan dalah menangan TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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may be

FOR 1 - STATE REGISTE			DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		2 . NO.	2 5	4 3 E.D.T.
1. DECEASED N		MIDDI	I.E.	LA	\$1	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
	ROBE		orman	TR	37 2.3 1 1	SEPTEME		981	12:40A
3. SEX		4 RACE		S. DATE OF	DAY YEAR	6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
Male		White		Nov.	6, 1929	51	YRS.		
COUNTRY	(STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
10 CITY OR TO	ginia	U.J.A.		WIDOWED		ANNE AF	CC A CHIP PHONE C.	COUNTY	М
	BURNIE	(IF NOT IN SUCH FACE NORTH	ARUNDE	L HOS	PITAL	120 USUAL OCCUP (TY) OF WORK FOR MO	ST OF WORKING LIFE	Refin	opper eru
Manylan	d Ann	e OR OTHER INSTITUTION, GIVE DUNTY LE Arunde	Pasaden	a	13d. INSIDE CITY LIMITS? YES NOX	130 STREET SOURCE	hwood R	d.	21122
	lnen		ribett	11.2	15. MOTHER'S MAIDEN NAME Goldie	E. MIDDLI		Hosk	ins
160 WAS DECE.	ASED EVER IN U.S.	GIVE WAR OR DATES!	212-24-3	1484	Patricia H.		Same	as #13	
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CERTIFICATION 210 ACCIO	OF OPERATION	196 CONDITION	N FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
	ENT WAS UNDERLYING BUTING CAUSE OF NOTIFY MEDICAL EXAM	DEATH HOUR A.M.		YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF H	NJURY IN ITEM IB PA	RT I OR PART 2)	
(IF EITHER 21d. INJUI WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF IT	NJURY ACTORY, OFFICE, FAR		211. LOCATION STREET	CITYOF	TOWN	COUNTY	STATE
sow	the deceased aline	spitol) ottended the de on 9-8-8 not) view the body often	19 8	March , ond	that in (my) (our) opinion of	to Septem	dote and hour		hot (I) (we) lo
22b. SIGN	Lo	y 5 H	30-	M		MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	9-1	9-81
100	LONG S. I				22e ADDRESS 11085 COLUM	LITTLE PA BIA, MARYI	AND 21	PARKWA' .044	Y
230 BURIAL, CR (SPEB)	emation, remov	AL 236. DATE 9/11/198			METERY OR CREMATORY	Brooklin			del Md

nial 9/11/1981 Holy (noss (emetery Brooklyn 9)
DIRECTOR 21122

Ly F.H. Mtn. & Tick Neck Rds., Pasadena, Md. SEP 14 1981

PR Anne Michael Anne Arunde

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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STATE OF MARYLAND

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1	1.	- STATE REGISTRAR			ICATE OF DEATH	REG. N	0	
		CEASED NAME FIRST Charl	es E.	WE	ALLACE		9 10 81	26 HOUR 10 20 A M
	3 SE	MALE	BLACK	5. DATE C		6. AGE (IN YEARS LAST BR	7 YRS MONTHS DA	YS HOURS MIN.
(M)	MAI	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	U.S.A.	MARRIE		ANNE ARI	OR COUNTY OF DEATH	Y MD
-	ANI	ITY OR TOWN OF DEATH	ANNE OF HOSPITAL, N	GENERAL		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
	Ä			POLIS	13d. INSIDE CITY LIMITS?		ston Height	s Chrcle
1 ond 2		ALEXANDER		LLACE	15. MOTHER'S MAIDEN NA SARAH	MIDDLE	JOHNSO	N LAST
ers. Poges I. the medico	160	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) YES W. W. W.	E WAR OR DATES)	18-5154	DOROTHY WALL	ACE 474 A Be		ts Circle
Then please remove co or to burial, cremotion, o y injury, or other troumo!	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	SEQUENCE OF				
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STATE OF MARYLAND

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STATE OF MARYLAND

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AL EXAMINER: THE CERTIFICATE, HOULD BE FORW ALD DIRECTOR: P. THE SITH, WITH THE SITE, MARYLAND, 2.		220. I certify that I took charge of the death resulted from Natural couse ACTUAL SIGNATURE	remoins described obove, held	an Autopsy , Ins Suicide , Homicide TITLE (SPECI M.D DEPC		ond in my opinion DATE SIGNED	81
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so that the death certificate be executed within 24 hours of the by the ottending physicion and campletely filled in by please remove carbon papers. Pages I and 2 should be filed unit, cremation, or removal.		APPROXIMATE INTERVAL PART I. DE ATH WAS CAUSED BY: MARCHIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause last. Conditions Condi
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TO HOSPITAL OR A retoined by the hos should be detoched with the Stote Dept.		226 PHYSICIAN'S NAME (TYPE OR PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS 227 ADDRESS
PA TO FI	23a (BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF TOWN SCHOOL SECTION STATE COUNTY STATE COUNTY STATE COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F)	JNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 R. STILLE III HALLIBURGE. NAME ADDRESS 250. DATE REC'D. BY REGISTRAR 256 R. STILLE III HALLIBURGE.

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LE L'ANERA DIRECTOR. ES LOR YOUR FILES. O. WITHIN 22 HOURS. V. PRESTO. STREET,	Male	4. RACE Black	5. DATE OF BIRTH		E (IN YEARS IF L		IF UNDER	MIN. PRONOU DEA	E MO	5, 19819	2d. HOUR 9:40 MP
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- STATE

REGISTRAR

Perry Dodd Court Fort George G. Meade, MD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COHNTY STATE , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Kimbrough Army Community Hos-Fort Meade, Maryland 20755 Cremation 26 Sep. Security Process Baltimore Catons. 250. DATE REC'D. BY REGISTRAR TO REGISTRA 24 FUNERAL DIRECTOR Funeral Home, Glen Burnie Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

7h HOUR

1320

HOURS

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS

INDUSTRY

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d y		Vie		Wilkins	9-29-	8/ 12'
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à 11 L,	10. €	ITY OF TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b KIND OF BUSINI
2 2 00	Cr	ownsville	Crownsville H	lospital Center	unknown	
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d call	16a V	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		ADDRESS	
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STATE OF MARYLAND

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-	-	1. DE	CEASED NAME FIRST		WIDDIE	, LAST	20. D	ATE KNOWN	MONTH DAY	YEAR 26. HOUR
	25 St	(***)	Faul		R.	Winte	rs DE	OF ESTI-	9-6	1981 9PM
	ESSARY, PLEASE PATTURECTOR OF YOUR FILES PRESTON STREET,	3 SE	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	ARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c.	DATE NOUNCED	MONTH DAY	YEAR 2d HOUR
	\$206A	1	note white	11 02	38 4Z	RS.		DEAD	9-6	1981 7 PM
		FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	8. MARRIED TENEN	ER MARRIED U	LTIMORE CITY	OR COUNTY OF	DEATH
	IS NE FULL SE FULL		ash., D.C.	II NAME OF HOS	PITAL, NURSING HOM	WIDOWED .	DIVORCED TO	A:		indel MD.
	>ESESES/	15		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST O	OF WORKING LIFE)	0	R INDUSTRY
_	- m = 0 0 40 -	WSU/	unapolis AL RESULENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	rundel Ge	ION)	Ret		Navy	
W. PRESTON ST., BALTIMORE, MD, 21201	URS AFTER DEATH. IF ANY DELA B. GUVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P IT. PAGES 1 AND 2 SHOULD PEL DIVISION OFVITAL RECORDS.	13a. S	TATE MD 136 COUP	I.A.	13c. CITYLOR TOWN	13d. INSIDE CI	TY LIMITS? 13e. STREET A	BORESS H	olly Di	cive
WD	H. H. B. S.]4. F/	ATHER'S NAME	MIDDLE	LAST	TS. MOTHE	R'S MAIDEN NAME	MIDDLE		LAST
, a	DEATH.	/	Lawrence	P.	Winters		Ruth		Mulle	
J.W.	PAR PAR I	16a. V		MED FORCES? WAR OR DATES)	16h. SOCIAL SECURIT		AANT	ADDRES!	11-Chur	ch Rd.
BAL	PAGINI PAGIN PA PAGIN PAGIN PAGIN PAGIN PAGIN PAGIN PAGIN PAGIN PAGIN PAGIN PAG		Yes 1958		219-36-8	167 Flo	ra Winters	(Wife		ellville
25	HOURS M 18. G MG WIT RMIT. P NE, DIV		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly ane cause per line D BY:	far (a), (b), and (c).)				Md	PPROXIMATE INTERVAL
N O	N 24 HO N ITEM I ALONG IT PERM IYGIENE	-	4299 IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE	OF				
2	HIN		Canditians, if any, which		NO A CONSCIONAL					
3	PENCI PENCI AMINE L-TRAI CENTAI		gave rise to immediate cause (a) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF				
201	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL I		lying cause last.	(c)						
DIVISION OF VITAL RECORDS, 201	HOULD BE EXECUTED WITHIN 24 HOUR RD "FENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, D RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERA	INAL DISEASE OR CONDITION	GIVEN IN PART 1 at.			
0	ILD BE EXECTOR OF THE PENDING. PENDING. PENDING. PENDING. PENDING. PENDING. PENDING. PENDING.	CERTIFICATION								
- A	SHOULD SHOULD CHIEF A E USED A T OF HEL	S	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION WAS PERFOR	MED?		20 /	AUTOPSY?
1	WORD WORD HE CHIE ENT OF	RIF	210 EXTERNAL CAUSE WAS	21b. TIME OF	IN HIDV	Tale How Islands	OCCURRED (ENTER NATUR			YES NO.
Ö	THE VIEW THE		UNDERLYING OR	HOUR A.M	MONTH DAY YEA		OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
OS OS	CERTIFICATE TING THE W PED TO THE 3 SHOULD PEPARTMEN PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF		DF INJURY (ATHOME,	21F LOCATION				
2	WINE: THIS CERTIFICATE SHOULD FICATE. WRITING THE WORD "FICE FORWARDED TO THE CHIEF M. TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD LAND, 21201 PRIOR TO BURRIAL.	WE	WHILE NOT WHILE DAT WORK	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
	ATE, ORW, ORW, P. HE ST.		22a I certify that I took charg	e af the remains des	cribed abave, held an	Autapsy .	Inspection 1. In	quiry , a	nd in my apınian	
	EXAMINER: CERTIFICATI CERTIFICATI DIRECTOR: WITH THE		death resulted fram: Natu	ral causes	Accident, Su	ricide , Homic	ide . Undetermin	ed manner,		11
	EXAMINER: CERTIFICATE ULD BE FORY DIRECTOR: , WITH THE S		ACTUAL Q	10-00	71.11 m	TITLE (SI	PECIFY) Decets		DIV. 0	12/21
	ICAL EXA SHOULD ERAL DIRE EATH, WIT ORE, MAR	5	SIGNATURE HOUSE	AAM	WHORED III	MORCTI	NG PT MEDICAL	EXAMINER	SIGNED 9	1/101
	OH 4 NOS /	-	EXAMINER'S NAME DA	VID S	MCHOL	ADDRESS	16 MURRA	24 AV	EAWA	VAPOUS
	TO ME EXECU PAGE TO FU	23a.B	URIAL, CREMATION, REMOVAL	36. DATE	23c. NAME OF CE	METERY OR CREMATO	DRY 23d LOCAT	ON	COUNTY	STATE
	BP	В	urial	9-11-81	Arling	ton Nat.	Arli	neton	V	Ta.
	DHMH-17	-	UNERAL DIRECTOR	ADDRESS	D ::		25a. DATE REC'D. BY REG	ISTRAR 256. REG	ISTRAR'S SIGNAT	TURE
	(VR A15 ME (5))	N	alley's F.H.	Inc. Mt	. Rainier	, Ma	OFD 1 =	1000	0	ni

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1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1981

allocated .A.A. charge Mark welver 1: 125 . I sweet . I so of . Con-Carte Unding 201 residents of past 25 to 650 Apply Lancondeen Avenue, Categoraville, no. 21226 SERS DALL Services

	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE O					
		CEASED NAME FIRST	MIDDLE	LAS1	20. DATE OF DEATH MONTH			
e # 2	(TYP)	LAWRI	ENCE R.	WYLLIE Sr.	SEPTEMBER 2	25, 1981 6:45Pm		
fou de	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
111		Male	Cauc.	April 9, 192	1 60	MONTHS DATS HOURS MIN.		
夏 四個 /	70 B	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	BALTIMORE CITY OF COL	RS.		
1 (3) (3) (3)		New Jersey	U.S.A.	MARRIED W NEVER MARRIED				
1 1 80		ITY OR TOWN OF DEATH		WIDOWED DIVORCED				
5 54	G	LEN BURNIE	NORTH ARUN	DEL HOSPITAL	Ex. Supervis	ng life) 12b. KIND Polities Co		
11 85	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c CITY OR T	OWN 13d INSIDE CITY LIMI YES R NO	III FO A III	arle Drive		
ithur itely 2 sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	NAME			
po de la la		Ray	Wyllie	Floren	MIDDLE	Kiner		
d col		VAS DECEASED EVER IN U.S. A		ECURITY NO. 17 INFORMANT	ADDRE'S P	ofton, Md.		
Pogne a	1	YES, NO OR UNKNOWN) (IF YES, G	WAR PRATES 137-1	8-3054 Barbara	M. Wyllie 165	Albermarle Di		
cron cron fre r	-				100	APPROXIMATE INTERVAL		
pop pop novo ent,		PART I. DEATH WAS CAUS		ension		BETWEEN ONSET AND DEATH		
ng p rbon r ren		11 20 IMMEDIA	//			Thous		
e con		1627	DUE TO, OR AS A CONSE	QUENCE OF	AA office	3 months		
mov notice trou		Conditions, if ony, which gove rise to immediate	(b) Metac	OUENCE OF Adeno	CVI 9 Korg	- mayille		
y the crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	0			
ed boleos			(c)					
Then purito bu	NOI		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	I GIVEN IN PART 110		
hos been permit ne price was only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{VO} \)		
ending physicion this certificate ha the buriof-transit p ad Mental Hygien d or frem 18 show	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITEA			
phys phys phys m 18 m 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TELLIER INVIORE OF HATORY HATER	NIVIONI ORCANIZI		
ding S cei Men'r r tte	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION				
the the bond to	ME	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY		
After os 1		AT WORK		0/0	7 0/	-9 7		
Heo Heo		220. I certify the	oital) attended the deceased fro		1 to 1/2/5	that (1) we) lost		
Spit CTC d for of			ot) view the body ofter death.	ond that in (my) (our) op	pinion death occurred on the date and	hour and from the couses stated		
DIRE chec Dept		175 HICHARD TORE	01/2-	DEGREE		22c. DATE SIGNED		
deto ote l		(har)	V & alee	ATTENDII PHYSICI.	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	7/20/		
FUNERAL uld be deto the the Stote ORTANT: It		IN PHYSICIAN'S NAME INTO	OKPHAN)	22e ADDRESS		21061		
etoined by TO FUNERA should be de with the Stol		DAVID A. SC	HWARTZ, D.O.	7845 OAKV	WOOD RD., GLEN B	BURNIE, MARYLAND		
5 7 % ¥	23a E	UIRIAL CREMATION PEMOVAL		3t. NAME OF CEMETERY OR CREMAT		,		
P		Burial		d. Veterans Cer		e, Maryland Ante		
- 16 50M 1/81	24 FI	INERAL DIRECTOR Beal			CO DRES DUBY REGISTRAR 250 RE			
VRA 15, 4)		16000 Appago	lis Rd., BOW	Sie Jane	1961 6 % 176			
		TOOOD ATTITADO	TIS INC. DOW	ie, ne,				

STATE OF MARYLAND

M 16 C MC. - Arril 9, 1921 N. 60 M. M. C. Wes dersey 1.5.4. Land William Country 00 23110 The shift will be the state of Maryland 14.4. Clotton e - 1650 loesmarle filve Willie Florence Winef Ves WW 11 133-18-3054 Barbers M. Wyllie 1650 Albermanterial THE THE PROPERTY OF THE PROPER Serial 0/29/21 Mr. Veterans Cem. CrownsWille, Just, inc. Seall Function Home In lé000 Ann polis Ar., Bowie, Mr.

iner must be notified of once.

IMPORTANT: If Hem 21 is marked or Item 18 shaws ony injury, or other troumotic event, the medical exam

	١,	FOR	DEPA		E OF MARYLAND EALTH AND MENTAL HYG	IENE B	2 2	559			
		STATE REGISTRAR		ICATE OF DEATH	REG. NO. E.D.T.						
		CEASED NAME FIRST	MIDDLE LAST			20. DATE OF DEATH		AR 2b HOUR			
		ELLA	E.		VKE	SEPTEMBE	R 24, 1981	5:25Am			
	3. SE	X			OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS			
		Female	White	No		92	YRS.	DATS HOURS MIN.			
~	Da BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		76. CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEAT	Н			
35			U.S.A.	WIDOWE	D INORCED	ANNE ARUNDEL COUNTY MD.					
54		GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL			12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Housewi	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY WN home			
35	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136, COUL		OWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 48 Jum	pers Hol				
	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME					
20		Unknown	MIDDE [ASI		Kate	WIDDLE	unkno	wn			
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1YES, NO OR UNKNOWN) 1/F YES, GIVE WAR OR DATES!										
		no no	214-54	4-1619	Mrs. Walte	r Zoteman	same as	13e			
75	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause to i, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE									
7	IFIC					YES NOT	IN CERTIFYING CAL				
9	MEDICAL CER	saw the deceased alive an	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO THE PARM, ETC.)	21c. HOW INJURY OCCURE 211 LOCATION STREET , 19 d that in (my) (5-st opinion of	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAG	IY STATE , that (1) (we)last			
		abave, (1) (we) (did) (did no	FF CIAN (9/24/8/							
1	1-	ELLIOTT GORBATY, M.D. 220 ADDRESS 7849 OAKWOOD ROAD, SUI									
	23o. B	SURIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	WILLIAM Z.	1061			
		Burial			to. Cem.	CITY OF TOWN	re City.	Manulan			
Burial 26 Sept. 81 Balto. Cem. Baltimore City. Ma 74 FUNERAL DIRECTOR K, irkley Funeral Home Glen Burnie Md. SEP 25 1981 January Company C											

Glen Burnie

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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